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LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XXI.

Of After-Floodings.

By after-floodings, Gentlemen, you are to understand, those discharges of blood which take place subsequently to the expulsion of the child, before or after the birth of the placenta. And as these floodings differ a good deal with respect to their circumstances, I propose to devote this Lecture to the consideration of their several varieties.

After the birth of the child, we sometimes meet with large discharges of blood from the uterus; and these discharges may either be produced by the presence of a portion of the placenta, which has been left behind in the womb unperceived by the accoucheur, or, without such retention of the placenta, they may now and then be occasioned by the lodgment of a clot of blood. That a part of the placenta is retained, we may suspect, if pains like those of labour occur—if, too, the discharges from the womb are fœtid, and if the bleeding have stopped and made its appearance again, perhaps some three or four days after delivery; and this suspicion once excited, provided circumstances require, an examination may be made, when, if there is any thing in the uterus, it will most probably be found lying in the mouth of the womb. The treatment of these cases may be dismissed in few words. So long as the symptoms are not pressing and dangerous, and they generally are not in cases of this kind, so long it is not necessary that the practitioner should manually interfere. The various remedies prescribed on a former occasion, may, if you please, be tried; and, among others, the ergot, or you may throw saline injections, or cold water, into the rectum, or other means may be used to urge the contraction of the womb. But should the bleeding become obstinate, so as to place the life of the patient in danger, you would then be justified in throwing astringent fluids into the uterus; a drachm of alum, for example, being dissolved for this purpose in a quart of water; or if there was any substance in the uterine cavity, you might find it necessary to put your hand into the vagina, your fingers into the uterus, so as to bring away that substance, by the removal of which, in many instances, the hæmorrhage would become promptly arrested. Again, in women of a peculiar constitution you sometimes meet with an after-flooding of a very different kind, described by my valued predecessor, Dr. Haighton, but which I have never hitherto seen myself; whence I presume, that it is not of very common occurrence. In these cases, a sudden pain is felt in the region of the uterus, with concurrent vomiting and flooding; soon it ceases, then recurs, and this, too, repeatedly, till the woman, at length, loses so much blood, that her life is endangered, or perhaps she perishes. These bleedings do not, in general, assail the patient immediately after the birth of the child, but occur, perhaps, an hour or two after the expulsion both of the fœtus and its placenta. It appears, too, that there is a tendency to a repetition of these floodings in subsequent labours; so that if a woman have had an attack of this kind after one delivery, in her future labours she ought to be watched for an hour or two, with more than ordinary care.

A more common, a more important, perhaps, I may say, a more fatal variety of these eruptions, is of a third kind, distinguished by a title familiar to most obstetric ears; I mean that of *internal* bleeding. Now in these hæmorrhages, a clot of blood forms over the neck of the womb, and the hæmorrhagy proceeding, the blood accumulates unobserved in the cavity of the uterus. To this case, on account of its importance, I have already had frequent occasion to advert. A pint or two may, in this manner,

accumulate in the cavity of the uterus. Occasionally, too, we meet with a variety of after-flooding, though different in pathology, yet analogous in practice; I mean a concealed hæmorrhagia in the bed. A woman lying in the centre of a large bed, two or three pints of blood accumulate about her, forming a sort of pool there; the patient, perhaps, being so enfeebled, that she does not direct your attention to it, and seems, sometimes, to overlook it herself. In either case, dissolution has been the consequence, I may say repeatedly. The accoucheur is, perhaps, in a room adjoining that of the patient; he is suddenly summoned to her apartment, and, on reaching the bed-side, he finds her dying, or dead; for, on such occasions, women are sometimes very suddenly hurried from us.

When blood accumulates in the bed, this is readily detected by raising the coverings. If the blood collect in the cavity of the uterus, this also may be easily ascertained by examination. Laying the hand upon the uterus externally above the symphysis pubis, instead of finding the womb round, hard, and not bigger than the head of the fœtus, you feel it, perhaps, large as the adult head, yielding under pressure, and, not without gurgling, it discharges large quantities of blood, fluid or coagulated.

Of all the after-floodings, however, by far the most common is the *external* bleeding. Sometimes preceding, sometimes following, sometimes accompanying, the abstraction of the placenta. Large quantities of blood may be discharged. If the woman lie near to the edge of the bed, you hear, or see the blood as it pours upon the floor. This gushing is followed by asphyxia, or a state approaching it; and from that time onward, frequently there is no further gush, but merely a draining—a few ounces of blood coming slowly away. In these cases generally, if the woman have not lost much blood, she rallies in the course of four or hours, sometimes very rapidly. Sitting at the bed side, doubtful whether the patient will recover or not, you find her rising and sinking, to rise and sink again repeatedly, still, upon the whole, gaining ground on her complaint; so that at the end of four or six hours, you have the satisfaction to pronounce her to be, in great measure, secure from danger. But if the constitution be of that kind which ill sustains the loss of blood, or if the discharge be very great, then the woman may die; and she may either die suddenly, say in a few minutes, or, which is more frequent, she may live for one, two, or three hours after the first large eruption of blood, so that you have an opportunity of performing the operation of transfusion.

Those hæmorrhages, let me add, usually supervene within about twenty or thirty minutes after the delivery of the child; so that, as some one has remarked judiciously enough, they occur not infrequently just about the time when the accoucheur is washing his hands, being on the eve of quitting the apartment of the patient, pleased to think that his duties are completed.

Of the Treatment of After-Floodings.

In a view to their management, various as these floodings are, they may be commodiously divided into two kinds; those, I mean, in which the discharge is sparing, and those in which the eruption of blood is at once abundant and dangerous.

If you are called to a case in which, after the birth of the child, a great deal of blood has been discharged from the uterus—should asphyxia threaten, and should the bleeding be arrested—in conformity with principles already frequently enforced, beware of manual interference. I have observed already more than once, and, in consequence of its importance, I reiterate the remark, that whenever women are reduced to the lowest ebb, in consequence of large losses of blood, to disturb the genitals, unless with the utmost caution, is always more or less dangerous; for in consequence of this disturbance the bleeding may be renewed, and asphyxia may ensue, and death. If, however, the system have recovered some share of vigour, and the flooding show a disposition to return; or if, as not infrequently happens, you are called to floodings in which, though the discharge have been copious, still on examining the patient you feel satisfied nevertheless that there is no immediate danger, manual assistance then becomes proper enough; and one of the first measures to be taken is, that of endeavouring to secure the contraction of the uterus. When explaining the nature of floodings, I observed to you, that the principal mean which nature employs to arrest the discharge of blood from the uterus is, the contraction of those muscular fibres which enter so largely into its composition. The womb contracted, its muscular fibres are shortened; they press upon all the blood-vessels which are disposed and buried among them, and under this contraction they close up the vascular orifices which open upon the uterine surface, much in the same manner as if they were tied by so many ligatures. Hence, then, in after-floodings, though not negligent of other practices, we ought to give our main attention to this contraction of the womb, the best security against a further discharge. To excite the uterine contractions, by some we are advised to carry the hand into the cavity of the uterus, moving it about there; an operation which, I believe, requires to be performed but rarely; an operation, also,

to which I am exceedingly averse, being always unwilling to carry the hand into the uterus unless there be an inexorable need, for lacerations may now and then occur. There are others, again, who think they can secure the contraction of the womb by binding the abdomen; a practice by no means to be despised. They put a broad bandage round the abdomen, interposing a pillow between the abdomen and the bandage; then, drawing the bandage as tight as may be, so as to occasion a pressure on the abdomen in front; they endeavour, in that manner, to prevent the enlargement of the womb, and, in so doing, they at least prevent an accumulation of blood there. In the very beginning of the labour, this bandage may be applied, and if this precaution have been taken, it will be easy, without disturbance, to draw it tighter after the birth of the fœtus; and this practice is not to be neglected. To mere bandaging, however, you ought not to confide. On tightening the bandage, be not forgetful, too, to interpose the hand, and, grasping the uterus, (to be felt through the abdominal coverings,) compress, shampoo it lightly, and roll the hand over its surface, careful in so doing not to occasion much pain. Distinguishing the womb in this manner through the coverings of the abdomen, grasping it, shampooing it, and rolling the hand over its surface, you may, I conceive, in general, stimulate its contractions as effectually, and much more safely, than if you were to introduce your hand into its cavity.

It may not be amiss to remark here, that in flooding cases, and indeed after all deliveries, there are different states in which the womb may be felt, and which states I formerly described to you. In laying the hand upon the abdominal coverings, endeavouring to feel and grasp the uterus, you will sometimes find it nearly as large as the adult head; a proof that it is uncontracted, and a presumption that blood may be accumulated in its cavity. In other and more frequent cases, on grasping the womb, you find it small, not much larger than the head of a fœtus; but, though contracted, it feels soft and pulpy, yielding readily to pressure. In other cases, again, especially where the hæmorrhage has been arrested, the womb, thoroughly contracted, feels at the same time round and firm, and hard as the fœtal head, and this, too, permanently; under which condition of the uterus, the patient in general is thenceforward secure against any dangerous eruption of blood. There is, too, a fourth, a sort of intermediate condition, in which you may sometimes observe the womb; at one moment it feels contracted and hard, at another very soft and yielding, and perhaps enlarged, the contraction of the womb being not permanent but temporary only, the muscular actions occurring, perhaps, more especially when cold is applied, or when the hand is rolled over the uterine surface. Now, of all these conditions, the two latter only secure the patient against further bleedings, and more especially that condition in which the uterine contraction is permanent. If you find the womb thoroughly contracted, round and hard, then, provided it permanently remain so, flooding will rarely, if ever, ensue; if, moreover, you find it round and hard, yet occasionally softening, in general your patient is secure, though not so certainly as when the uterus is in the other condition. If the womb be contracted, but permanently soft and pulpy, or if you find it uncontracted altogether under these circumstances there is great danger lest the flooding should be renewed, and of course the patient remains insecure. But to proceed.

The management of the placenta is of the first importance in after-floodings, and the following rules relating to this point are not without their use:—In after-floodings, if the placenta *have been removed*, you ought by all means to ascertain whether the whole have been taken away; and, further, whether, in this abstraction of the placenta, the womb have not been inverted. It sometimes happens, in the hurry and tumult of a flooding, that, in drawing down the placenta, the practitioner draws down the womb too, inverting it the more readily because, perhaps, it is relaxed and paralysed by the eruption of the blood. Now should you draw forth the uterus beyond the external parts, so that it lies between the limbs; the inversion can scarcely be overlooked; but if, in consequence of the inversion, the womb have been drawn down into the vagina merely, the inversion may then remain unnoticed; and, in this way, bleedings may be sustained, the cause being unknown: a case of this kind has been recorded by Denman.

In the hurry and tumult of a flooding, when abstracting the placenta, you may bring away a part only, leaving, unawares in the uterus, one-half, one-third, or a still smaller portion; of which accident I have myself seen several instances. Now, retentions of this kind give rise sometimes to floodings, and this too not only when the larger portions are retained, but the smaller also; and I strongly suspect, that much inconvenience may be now and then occasioned by portions of the placenta not larger than the hand of a new-born infant; so that in those floodings which occur after the placenta has been removed, it becomes of no small importance to ascertain, whether or not the whole have been abstracted.

That no portion of the placenta is left behind, you may ascertain, by taking

the placenta which has been removed, laying it out upon a napkin, and carefully ascertaining whether its structure be entire. Doing this, if one part of the placenta is absent, you easily discover it; and if the whole be there, you see it at once. When inversion of the uterus is suspected, the best mode of ascertaining this is, by laying the hand above the symphysis pubis, when, if you can feel and grasp the uterus in its natural situation, it follows that no inversion has taken place; but should you not discover the uterus above the pubes, or, on examining the vagina, should you find the womb lying within, and forming a tumour, soft, round, and large as the fœtal head; or should you find the uterus, as before observed, lying forth between the limbs, the inversion becomes evident enough. Polypus, or efflorescent excrescence, must not be confounded with inversion of the uterus; the sudden appearance, however, of these, after delivery, is rare. When inversion is detected, the sooner the womb is reduced the better; but, of this we may treat hereafter.

In after-floodings we are sometimes called to cases, in which the bleeding has occurred after the birth of the fœtus, *the placenta still remaining* in the cavity of the uterus. Now, in these cases, if the woman be lying in a state approaching to asphyxia, the flooding being arrested, it is unwise to interfere manually; but if the case is of the ordinary kind, and though the flooding be copious, the symptoms are not very pressing, the received practice seems, on the whole, to be a good one, and the sooner you remove the placenta, the sooner the womb will contract, and the sooner the hæmorrhage may be expected to cease. With respect to the management of the placenta, therefore, our practice may be comprised in few words. In the general, where there is flooding after delivery, we remove the placenta as soon as may be; leaving it undisturbed, where we apprehend that the woman might faint, and die under renewal of the bleeding. But if the placenta have been abstracted already, before the case comes under our care, then we are anxious to satisfy ourselves that inversion of the womb has not taken place, and that no portion of the placenta has been separated by laceration.

Under large eruptions of blood from the uterus, the woman lying in a state approaching to asphyxia, cold in all her members, refrigerating applications to the central parts are scarcely requisite; though, in conformity with popular feeling, and the prepossessions of friends, napkins moistened with vinegar and water, or water simply, may be administered in a manner formerly recommended. But if, under a continuance of the after-floodings, the surface is warm, the pulse distinct, and the vascular action lively—a condition of the patient by no means common in these cases—then the ordinary refrigerating applications become proper enough, and ought to be used with diligence and effect. For this purpose, procure a large body of very cold water, adding to it a pint or two of vinegar, then, folding a napkin, so as to form a surface large enough to cover the central parts in front, or posteriorly, either besprinkle it plentifully with the fluid, or drench it, afterwards wringing it partially dry. The napkin thus prepared, lay it on the lower part of the abdomen; and, having done this, apply another napkin in the same manner to the loins, changing those napkins as often as the surface acquires warmth, every two or three minutes for example, or oftener, as may be required. In very warm weather, and in warm climates, even ice when accessible has been recommended, but of this I have no experience. Cold water may be injected into the rectum, and I know not that any ill effects would result from this practice, well calculated to excite contraction of the uterus. I have seen some of my obstetric friends dash a cup full of water over the abdomen; while others have taken the hearth brush, always at hand, and dipping it into the refrigerating mixture, they have showered the water upon the abdominal surface, by means of this homely instrument. Bladders of cold water are sometimes placed under the axilla. Ice has been introduced into the vagina, not, however, without the risk of freezing and mortification; and, certainly, by these or other means, a strong impression may be made upon the system, and so far, therefore, they properly recommend themselves to our attention; but, for general use, the most convenient method of refrigeration is by means of the napkin, as before stated; and, if you wish to produce a sudden and brisk impression on the body, after refrigerating the napkins, you may throw them promptly upon the parts in front or posteriorly, in the way here demonstrated. That the application of cold assists in suppressing the hæmorrhagy, seems to be proved by experience; and, without refining in our speculations, the fact alone is sufficient to evince the fitness of the practice under the conditions before laid down. Should you ask me to explain the manner in which the application of cold proves effectual in suppressing the bleeding, I should reply, that it operates most probably, in two modes; first, by lowering the action of the vascular system, as we all know that cold will do; secondly, by producing a sudden impression on the skin, which seems, by sympathy, to occasion a contraction of the uterus; for, I think, I have myself observed, when a wet handkerchief has been suddenly applied to the lower parts of the abdomen, that, immediately afterwards, on placing the hand be-

neath the handkerchief, the womb, soft before, might be felt round and firm and hard, as if a prompt contraction had been produced by the sudden refrigeration.

In large bleedings, after the birth of the child, you will find your patient generally more or less prone to faintness and asphyxia, and as the management of these symptoms will occasion you no small share of solicitude, you had better study them before you are called upon to act. Now, in these cases, unless immediate death threaten, you need not be in great haste to resuscitate the patient; for you all, I presume, by this time, are aware, that when the vascular action is depressed, the blood has a greater tendency to coagulate, and close up the bleeding orifices; that under this lowered action, there will be a smaller chance of the detachment of the obstructive clots; that a small quantity of blood flowing through the uterus in a given time, even though the orifices of the vessels remain open, only a small discharge may take place; and, on all these accounts, therefore, that syncope, wisely intended by nature to put a stop to the bleeding, ought not to be interrupted. In the very first case of this kind which may fall under your care, alarmed by the collapse, you will feel a disposition to stimulate your patient, but against this error I forewarn you; as long as the faintness is not dangerous, so long let it continue; and, in the general, in these cases, the syncope is rather alarming than dangerous. On the other hand, however, if the collapse produced by the inanition is extreme, and if there is danger lest the syncope, characterised by symptoms formerly enumerated, should terminate in asphyxia and death, it then becomes necessary by stimulus, or other means, to sustain the vascular action. For this purpose, as I have told you already, the domestic stimulus is perhaps the best; and spirit (rum, brandy, or genievre,) may be given in quantities of two or three table-spoonfuls at once, pure, or with an equal quantity of water every ten or twenty minutes, according to the effect it may produce. That the spirit is in action we know, if the patient become garrulous and intoxicated; that it excites the vascular system we know, if the pulse rises; and, in all cases, if you find the spirit in operation, so that the asphyxia gradually yields, the further administration of it may be suspended. It is, according to the effect produced, (remember,) that this stimulus must be given. If you give merely a few table-spoonfuls, in this condition of the system, you will find that it produces but little effect; the stomach is half dead, and moderate doses of stimulus are of little avail. As observed in a former lecture, I have found it necessary to give half a pint of spirit, and even more; and this too, to young girls, in the course of two or three hours, the tendency to asphyxia being very strong. While administering this, you will put your patient in a position fitted, as far as may be, to prevent the asphyxia, with the head depressed, and the limbs raised by means of pillows. The patient, however, must on no account be stirred much, to obtain this position; but if, by chance, she is lying near to the side of the bed, let the head fall down over the edge, and gently raise the lower limbs, so as to keep the blood as much as may be about the brain; for, while the blood circulates there, asphyxia, I conceive, cannot occur. Nor, while treating of the means for preventing asphyxia, must I forget to mention, that nourishment should be given, though there is little hope of its being well digested. Beef tea, bread and milk, preparations of eggs, *et id genus omne*, to the amount of half a pint, may be administered; and of these, eggs and bread and milk, have the advantage of being very readily prepared. If the patient is obviously sinking, I have told you already, that the principal remaining remedy is *transfusion*.

That plugging the vagina is always improper in after-floodings, I am not prepared to assert; in obstinate drainings it may be of service. Be careful, however, that no internal bleeding occur under the use of this remedy; and this will be best prevented by grasping the womb with the hand.

Here, then, are the leading practices to be recommended in those alarming collapses, which are the consequence of after-floodings. If the faintness be slight, you need not actively interfere; but, if the faintness be very deep, and approaching to asphyxia, then stimulate; place the woman in such a position as may keep the blood about the head; administer nourishment, and, no other hope remaining, provided you possess the requisite dexterity, perform the operation of transfusion.

While you are pursuing these practices, of course you will be most anxious to know whether you are gaining ground, and whether or not the hæmorrhage be suspended. In after-floodings, after the first gush, there is not usually a copious discharge of blood, but a small drain from the vascular orifices is apt to continue. Now it is of no small importance to know, whether this flux from the womb be arrested or not; and this may be best ascertained by clearing the genitals, and applying a clean napkin below the part on which the patient lies, and against the orifice of the vagina. If you find, after an application of two or three minutes, that the napkin is not stained at all, or that the stain is small and pale, then, provided you have felt and grasped the uterus, so as to expel any blood that may

have accumulated there, you may rest satisfied that the bleeding is wholly, or in great measure, arrested. A converse inference of course you will draw, provided the bloody stain be extensive and deep.

When flooding is arrested, bind up the abdomen very firmly, with as little disturbance as may be. Gaitskell's bandage may be of service; between the abdomen and the bandage, a pillow may sometimes be interposed with advantage. In these cases of large bleeding after delivery, you will be led to consider whether you may or not quit the apartment of the patient after you have put a stop to the discharge; and, on this point, therefore, some comment becomes necessary. Most women do well under after-floodings. These bleedings are generally more alarming than dangerous: remember this, for it tends to tranquillise, and may allay needless perturbations. No woman, however, is thoroughly secure after a large and dangerous flooding, till she have survived the first gush for four or five hours, though the continuance of life after the gush, for two or three hours, must be looked upon as in a high degree encouraging. In small bleedings much precaution is not necessary; but when much blood has been lost, it is requisite that some one should remain with the patient for three or four hours at least after the flooding is arrested.

After large floodings, you ought not to move the patient; let her remain in a perfectly quiet condition for 12 or 24 hours, being secured as much as possible from moisture, or whatever else might tend to her discomfort. I state to you again, as some may now be present who did not hear the observation before, that by yielding to the entreaties of the patients or their friends, and suffering a removal of the body from one side of the bed to the other, the women themselves making no exertion but being lifted like the dead. I myself in two cases occasioned such a disturbance of the vascular system, that I really thought they would have expired. One case I know, in which the woman did die; the practitioner left her an hour or two afterwards, the nurse suffered her to sit up; the bleeding was renewed, jactitation came on, and the woman ultimately perished.

And thus much, then, respecting the management of the more *copious* and *dangerous* after-floodings—in ordinary practice, happily, not of frequent occurrence. But to proceed.

After delivery, it is by no means uncommon to have more *sparing* bleedings; floodings in which not more than half a pint, or a pint of blood, is discharged. Now in bleedings of this kind, the active practices just enumerated and explained, are not required, a much simpler method of management being found to answer very well, and which may be comprised in few words. In these after-floodings of the more sparing kind, you may draw the curtains, sprinkle the floor, diminish the fire, tell the patient to restrain her tongue, often very garrulous after delivery; take away the placenta with usual caution; lay the hand on the uterus, and grasp it; apply a little cold water; have a little patience, and the hæmorrhage is over. Do not let me alarm you needlessly. Do not needlessly have recourse to vehement practices. Remember that, in recommending these, I have been treating of those after-hæmorrhages in which profuse quantities of blood are coming away from the uterus. Most after-hæmorrhages are more alarming than fatal. They are not, however, to be despised. To two women, dead from this cause, I have been called in one night.

There are some *errors* which you are apt to commit in dealing with these floodings, and on these we will next remark. In the hurry of extracting the placenta you may invert the uterus without perceiving it: you may, too, carry your hand into the uterus without need, a practice to which I am decidedly averse. When the blood gushes away externally, you cannot fail to observe the flooding; but where there is a discharge of blood internally, or into the middle of a large bed, you may overlook it. Watch, therefore, and beware. It is of great importance to keep the womb thoroughly contracted, by laying your hand upon the womb and grasping. A capital error, therefore, may be committed, and will, I fear, be committed by some of you, that, I mean, of not securing the contraction of the uterus. Examine yourselves on the very first case which may fall under your care, and see whether you have not neglected the state of the uterus altogether. The leaving the patient too soon is a great error; five or six hours you should remain with her after a dangerous discharge of blood has been stopped. This is not necessary in ordinary cases, where merely a few ounces of blood have come away, but, after the more copious bleedings, it is a very necessary caution.

Some women there are, from idiosyncrasy, peculiarly liable to bleeding, and very undesirable patients they are; the probability being that they will ultimately die under your hands. Hence it becomes a question in cases of after-floodings, whether we can use any means of prevention. Now, as I am in general called to cases in which the flooding is commenced before my arrival, I have had very little opportunity of seeing the effect of any preventive practice, and cannot, therefore, from my own experience, enlarge upon this topic. When there is a tendency to bleeding, Denman

and others have recommended that you should not accelerate the birth of the child. After the head has been expelled, you ought not to draw forth the shoulders and abdomen. The womb, by its own efforts expelling the fœtus, it will contract more completely, and less bleeding therefore is to be looked for when the placenta becomes detached. When the child is about to come into the world, or when it is just born, a gentle stimulus may be given, and notwithstanding any little increase of the vascular action which it may occasion, the stimulus seems to be of service, by assisting that uterine contraction on which the prevention of the bleeding is mainly dependent. When there is a proneness to flooding, we are advised by Denman to maintain the patient in the sedentary posture, when the fœtus is about to pass into the world; as it is supposed that in that position there is a less tendency to bleeding than where the patient is lying, at this time, in the usual manner. The leaving the placenta in the upper part of the vagina is another preventive recommended by some practitioners. It is supposed that the lodgment of the placenta in the neck of the uterus, or the upper part of the vagina, will stimulate a more thorough condition of the womb, and by so doing operate as an effectual preventive of flooding. And, indeed, pursuing the rules formerly recommended for managing the birth of the placenta, you will find yourselves in conformity with this practice; for it has been observed already, that, in commencing your obstetric career, in ordinary cases, before you abstract the placenta, you ought to be content to leave it in the genital cavity for fifty or sixty minutes after the expulsion of the fœtus.

And thus much, then, respecting the preventives of after-floodings. Let me, now, in closing the lecture of the morning, direct your attention for a few moments to the two preparations before you.

The first, which I here show you, consists of that part of the uterus to which the placenta was coherent, the texture of the uterus being uncontracted; the vessels, as you perceive, numerous and large, open upon the surface by unclosed orifices, the source of those dreadful bleedings to which, when uncontracted, the womb is so obnoxious.

The preparation which follows is the counterpart of the former; in it you see one-half of the puerperal uterus, but in the contracted condition. Upon the surface, exposed by section, many large vessels appear, but they are become closed from the constriction of the surrounding muscular fibre, secured, as it were, by so many ligatures; hence, in after floodings, the importance of ensuring the contraction of the womb. Study these preparations, and let them not be forgotten at the bed side.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XXXI.

On Magnesium, Magnesia, and its Compounds, and on Manganese.

We now arrive at the consideration of *magnesia*, which, although it has been classed among the alkaline earths, exhibits, as we shall by and by see, some properties in which it differs from lime, barytes, or strontia.

Magnesia, like the earths just named, is a compound of oxygen, with a metallic base; and although the metal *magnesium* is obtained with great difficulty in an insulated state, yet little doubt can remain in the mind of the chemist, of its existence. If the pure earth magnesia be subjected to the full influence of a galvanic battery in contact with mercury, its oxygen will be abstracted, and the mercury will immediately absorb the metal which is obtained, and form an amalgam with it, from which the mercury may be afterwards separated by a careful distillation. The metallic nature of the base of magnesia may also be inferred, from the alloy which it is capable of forming with iron. Further, the base of magnesia will combine with chlorine to form a chloride, which, in all respects, resembles the other metallic chlorides; so, although the proofs in its favour are not so direct as those of the metallic bases of the other three alkaline earths, yet little doubt can remain of its being so. In the experiments of Sir Humphrey Davy, the amalgam which he obtained after the distillation of the mercury, was almost free from all traces of that metal, and he had a substance left, which was of a white colour, very heavy, sinking rapidly in water, and producing magnesia as it became changed by the absorption of oxygen. Magnesia, from some experiments made with it and chlorine, and from its saturating power with various acids, seems to be a compound of 12 parts by weight of the metal magnesium, and of 8 of oxygen, so that we have taken 20 as its equivalent number; founded, as I have said, on the proportions in which it combines with the acids to form neutral salts. You see that the number of magnesium is very low, being only 12; there is only one, namely, lithium, below it; and as to magnesia, there

are only two other alkalies which rank below it in their saturating powers with the acids, viz. ammonia and lithia.

With regard to the apparent energies of this substance as an alkali, you will find that it is not soluble in water; that it does not change vegetable colours; and yet you see how small a proportion of it is required to saturate an acid, so as to form a neutral salt. Magnesia does not compete in alkaline properties with potassa, soda, ammonia, or lithia, and yet you observe that it has a very high saturating power. Magnesia may be obtained in a tolerably pure state by the calcination of its carbonate, or by precipitation from some of its other salts; it is a light, white, insoluble, insipid substance, and in the state of fine powder; its specific gravity is only 2.30, which arises from its extreme division. When heated, it fuses into an opaque enamel, which is very hard. When water is added to it, it does not slake like lime, barytes, or strontia; and yet, after some time, there does appear to be some tendency in it to absorb a small quantity of water. Dr. Fyfe found, that 5000 parts of water were necessary to dissolve one part of the earth. Although I stated that it does not change vegetable colours like the other alkalies, yet if you dip a piece of turmeric paper into a mixture of the earth and water, you will generally find that it is altered a little; but if you examine the solution carefully, you will find that there is some lime present in the free or caustic state, the carbonate of lime being usually combined with the magnesia, the carbonic acid having been driven off by the heat employed in the calcination, leaving the lime in the caustic state.

Magnesia is found, in various situations, in the native state; here is a specimen from Hoboken, in New Jersey, combined with water, presenting us with a specimen of a native *hydrate*; it is of a greenish tint, and of a soft and mellow feel; it consists of 70 parts by weight of magnesia, and 20 of water. The same substance has been found in one of the Shetland Isles. There is no difficulty in forming a *muriate of magnesia*, by the direct addition of the acid to the earth; and, if you allow the magnesia to remain in excess in the vessel into which you have poured the acid, suffer it to remain a little, and then filter the solution, you will obtain a perfectly saturated solution of muriate of magnesia. It is composed of 20 parts earth, 37 acid, and its number is, therefore, 57. By slightly evaporating this solution, a crop of crystals will be formed, which are deliquescent; and yet, if you carry the evaporation further, and allow the crystals to form whilst hot, so as to drive off as much water as you can, without decomposing the salt; then the hardness of the crystals is very considerable, not deliquescing perfectly, but assuming the appearance of wax, and remaining in that state in a fixed form. If you carry the heat still further, you do not obtain a chloride of magnesium, as you may of calcium; but you drive off the muriatic acid, and leave the magnesia in the vessels. You do not, in this attempt, drive off the hydrogen of the muriatic acid, leaving its chlorine to combine with the oxygen of the magnesia, so as to form a true chloride of magnesia; but you drive off the muriatic acid entirely, and I am, therefore, led to believe that the compound is a true muriate of magnesia. Muriate of magnesia is a colourless salt, and bitter; and when carefully crystallised, forms deliquescent acicular crystals. It occurs frequently native; sea-water contains a large quantity of it, and it is this salt which principally gives to sea-water its bitterish taste. Here is an analysis of the water of the dead sea, which will serve to show you the large quantity of salt in that fluid; 100 parts containing only 76 of pure water, the rest being composed of certain saline compounds, of which muriate of magnesia forms 10 parts.

Muriate of lime	4
Muriate of magnesia	10
Common salt	10
Water	76
	100

The specific gravity of which water is 1.211. Magnesia is, like lime, competent to combine with *chlorine*, to form a compound which has strong bleaching properties, which was at one time recommended for this purpose, but it was not found equal in value to the chloride of lime, and I merely mention it to show you the similarity, in this respect, of the two salts. The *nitrate of magnesia* may be formed synthetically by adding nitric acid to magnesia, and filtering the solution; by evaporation, crystals of the salt may be obtained, which are soluble in one-fourth of their weight of water at 60°. The salt is composed of one proportional of magnesia 20, and of one proportional of nitric acid 54; so that, independent of the water which it always contains, 74 is its equivalent; when heated it is decomposed; various nitrous compounds are formed, and the magnesia is left behind.

The *sulphate of magnesia* is the most important salt of magnesia, and therefore is entitled to more of our attention. It may also be formed synthetically, by adding sulphuric acid to magnesia, and evaporating the solution. The crystals are quadrangular prisms, terminated by dihedral summits in opposite axes. Generally speaking, this salt is crystallised in small needle-like crys-

tals, from its being supposed, in commerce, that such a state is necessary for its purity; but from what was said to you on the subject of crystallisation, you will have learnt that it is not so; and that, on the contrary, small and imperfect crystals are more liable to be adulterated. This, like all the salts of magnesia, is bitter to the taste; it is soluble in its own weight of water at 60°, and in $\frac{1}{4}$ its weight of water at 212°. It is composed of 20 parts magnesia, 40 sulphuric acid, forming 60 of the dry salt; which 60 parts are competent to combine with 63 parts of water, in the crystallised state; so that its representative number, in the crystallised state, is 123. This salt has been obtained in large quantities from some of its native sources, as from the springs of Epsom and Cheltenham, and it forms $\frac{1}{72}$ part of the weight of the solid contents of sea water. The salt is readily procured by adding sulphuric acid to the mother liquor of sea water, after the crystallisation of the other salts, and in this way is obtained in large quantities upon our own coasts.

The *phosphate of magnesia* is an insoluble salt; it is immediately precipitated when phosphate of soda, or any other phosphate, is added to a neutral solution of magnesia. The phosphate of magnesia has a great tendency to combine with acids and alkalies, and to form with them neutral salts, which are not mere admixtures of the two bodies, but true combinations of the two bases with one acid. This is more particularly the case with the phosphate of ammonia than any other; and the ammoniaco-magnesian phosphate, as such compound is termed, or the triple phosphate, is interesting, more especially to you, because it frequently forms concretions in the human bladder, and other parts of the urinary organs; but we must leave the more full consideration of the general properties of this salt to that part of the course devoted more particularly to animal chemistry. I will just show you, however, how this salt may be formed: if to a solution of phosphate of ammonia, in water, you add a solution of muriate of magnesia, you will, at first, obtain no precipitate, unless you apply heat; but if you add only a small portion of phosphate of soda to the mixture, you will cause a precipitation of an insoluble compound, which consists of phosphoric acid, ammonia, and magnesia. Now, although this salt is obtained readily when the solutions are well saturated, yet, when the solutions are very dilute, considerable time is required, and the precipitation takes place in the form of minute crystals; and this substance is often found, beautifully crystallised, in pipes through which urine passes. This property of magnesia to combine, so as to form an insoluble precipitate with the phosphate of soda, causes that substance to be used as a good test of the presence of magnesia. Here are weak solutions of the salt I have already named, which, as you see, do not manifest any disposition to deposit a precipitate; and Dr. Wollaston found, that if he scratched the sides of the glass with another glass rod, that the crystals were first deposited upon these streaks.

All the salts of magnesia are bitter, and may be precipitated from their solutions by the addition of the alkalies, potash and soda.

We now arrive at the consideration of a class of metals very different in their general characters, and the characters of their compounds, from those before enumerated; and the first of this class on our list, which has the strongest affinity for oxygen, is manganese. Any of the metals of which we have now to speak may be readily obtained in a metallic state, by exposing them to strong heat with carbonaceous bodies, which abstract their oxygen.

Manganese.

Here is manganese, which is a somewhat bluish metal, brittle, having a strong attraction for oxygen and of a low specific gravity. Its number is 28. All the metals of this class from manganese to platinum form various compounds with oxygen. Manganese forms three well known combinations with oxygen, and a fourth has been supposed to exist in which the metal has been combined with oxygen, so as to be almost in an acid state. The oxide of manganese has been found in large masses in the earth, sometimes crystallised, but more usually in the form of a black powder, which is the peroxide or black oxide of manganese, in which state it is sent into the market. This table shows you the composition of these different compounds of the metal with oxygen. In the first place there is the *protoxide*, consisting of one proportionals of metal, 28; and of one of oxygen, 8; making 36, as its equivalent; a second oxide composed of a proportional and half of oxygen, 12, with one of metal, 28, making, 40; and a third compound of two proportionals of oxygen, 16, with one of the metal, 28, to form the peroxide, whose equivalent number is 44. When, in the process for obtaining chlorine, you have acted upon the oxide of manganese with muriatic acid, you obtain a residuum which is soluble in water, which is in fact a solution of the protoxide of manganese, and this is the oxide which enters into combination with the different acids, so as to form neutral salts. This oxide, however, soon acquires another dose of oxygen from the water in which it is dissolved, and becomes of a tawny colour, afterwards brown,

and then black; so great is its affinity for oxygen. Now the peroxide of manganese is the most important substance of the three compounds with oxygen, on account of its bleaching properties. If any of this oxide of manganese be heated with potash, a compound results, which, upon the addition of cold water, yields a greenish coloured solution, and in fact a solution of the alkali and manganese is thus effected, and a new compound appears to result formed by the union of the manganese and the alkali, which, on exposure to air, absorbs another portion of oxygen, and nothing remains of the original compound. Until lately the nature of this substance was not known, and it was called cameleon, mainly on account of its sudden transition of colour. The *chloride* of manganese is a beautiful flakey substance, having a bluish tint in consequence of its containing a small quantity of the deutoxide, or peroxide; it is composed of one proportional of chlorine, 36, and of one of manganese, 28, so that its equivalent is 64. The sulphate of manganese may be readily obtained by acting on the native oxide of manganese with sulphuric acid. The phosphate and carbonate of manganese are not of much importance.

The oxide of manganese gives a violet tint to glass, and is used by glass-makers for that purpose. Manganese may be distinguished from all other metals, by being precipitated from its solution in the acids, of a white colour, which afterwards becomes black on exposure to air. We now arrive at the consideration of that very important metal, *iron*, with which we shall commence in the next lecture.

FOREIGN DEPARTMENT.

* MM. Breschet and Raspail have lately been engaged in investigating the structure of the nerves, with a view to ascertain whether there were canals, according to the opinions of the late M. Bogros, permeating their centre or not? The conclusion at which these anatomists have arrived is, that there are no canals in the centre of the nerves, and consequently that it is not by virtue of any fluid contained in them that the powers of sensation and voluntary motion are performed. In all the cases where an attempt was made to inject mercury into the nerve, this fluid either escaped between the loose cellular membrane and the neurilema, or the neurilema and the nerves; and in no instance continuously through the centre of the nerve.

* Repertoire d'Anatomie, tom. iv. p. 4.

*Report made to the Faculty of Medicine, in the name of a Commission, by M. Dupuytren, on a case where violence was supposed to have been committed on an infant of fourteen or fifteen months old.**

The Prefect of the Police demanded, on the 19th of December, 1827, the opinion of the Faculty of Medicine on this point, viz., whether a female infant, between the age of fourteen and fifteen months, could possibly be violated; and the prefect desired particularly to have the opinion of the faculty on the following facts, atteated by Dr. G——, "That the hymen of the infant was ruptured, and that the rupture appeared to be of recent occurrence."

We will not stop to inquire how far such a crime is probable, or whether the act could be consummated in an infant not fifteen months old; our object is to decide, whether the organs of generation in the child presented any marks of violence committed on them.

Dr. G—— affirms that the hymen was torn, that its rupture was recent, and that the greater and lesser labia appeared inflamed. The certificate of the physician contains no other fact; the declaration of M. N., surgeon-accoucheur, contains still less; consequently, the faculty must decide, whether a rupture of the hymen, which *appears* recent, and which *appears* accompanied with inflammation of the outer and inner labia, is a proof of violence committed on these parts.

In cold and damp seasons, when catarrhal affections prevail, we are constantly consulted on children who have puriform, and sometimes even a bloody discharge, from the vagina, accompanied with swelling and ecchymosis of the labia, solution of continuity of the hymen, fever, and other symptoms, which it is scarcely necessary to enumerate. We may say, that many of the children brought to us for advice, presented appearances as if violence had been used, but most of them being still at the mothers' breast, and seldom out of their sight, were not exposed to such a cause; moreover, the same affection attacking several at the same time, showed that there must be some general cause giving rise to it.

If we examine separately the value of each of the facts related in the certificate of Dr. G——, it is apparent—1st, that rupture of the hymen may be produced by a great number of different causes; 2dly, that it is impossible, whether the rupture be of recent or an old occurrence, to determine by what cause it has been effected. The inflammation of the greater and lesser labia

* The Commission consisted of MM. le Roux, Dubois, Desormeaux, and Dupuytren.

being a consequence of all inflammations of the external parts of generation, cannot be regarded as a proof of violence. 3dly, Ecchymosis is a frequent result of inflammation of vascular tissues, as it is of inflammation of the labia. 4thly, That it is the same of all the other symptoms of catarrhal inflammation of these parts; the symptoms neither indicate the nature of the complaint nor the cause which has produced them; as, for instance, a greenish or bloody inflammation indicates rather the degree of inflammation than the cause of it; ecchymosis of the external part of generation shows the intensity of this inflammation, as well as an external violence, and the dilatation of the orifice of the vagina may be an effect of the relaxation of the parts, as well as that of an attempt to introduce a foreign body into this canal.

We do not of course mean to assert, that the symptoms related by Dr. G——, and those which he has omitted to relate, may not also arise from external violence; but great care must be exercised in all cases of this nature, as well as others, which are brought under judicial notice, in forming a conclusion as to the cause of the appearances submitted to our opinion, and more particularly when those appearances may be produced by very different causes. With these feelings, we judged it advisable in the case of this infant, on which the faculty consulted us, to state that it was affected with catarrh of the parts of generation, without advancing an opinion as to the cause of that catarrh.

N.B. This report was approved of, and the conclusions adopted by the faculty.

ON PIAN, YAWS, OR FRAMBŒSIA.*

BY M. FERRIER.†

Pian, yaws, or frambœsia is a disease endemical in some parts of Africa, America, and the East Indies, and is known in Canada as the Canadian disease; in Scotland, as sibbens; and in Norway, as radsyge. It is a pustular disease, which attacks all ages, all conditions of life, and as frequently one sex as the other; it is seated in the tissue of the skin, in the vessels and lymphatic glands.

This disease principally attacks the parts near the organs of generation, although it shows itself also on all parts of the body; care must be taken not to confound it with syphilis, dartres, leprosy, or other similar diseases; it differs essentially from these affections in its causes and symptoms, on which account it may easily be distinguished from them.

The predisposing causes are—a lymphatic temperament; extreme sensibility of the skin; exposure to the rays of the sun; habitual use of vegetable food; want of cleanliness; frequent use of spirituous liquors; suppression of respiration, occasioned by the sudden passage from heat to cold; remains of some diseases, such as the itch, dartres, or syphilis.

Exciting Causes.—The causes which contribute to the formation of this disease, are the bad treatment to which the blacks are subjected; the nature of the ships which transport them from Africa to different parts for sale; the moisture of their huts, which are situated near marshy places; the custom which prevails amongst them of lending their clothes to each other; coitus, &c. This disease may also be produced by the bites of flies; but among the determining causes of pian, ought not the impression which is produced on the skin by the effluvia of marshes, and an atmosphere saturated with deleterious exhalations, to be ranked?

If it be admitted that the skin is a sponge, which imbibes humidity from the atmosphere, why should it be insensible to the miasmata which this humidity contains? I do not coincide with those who attribute, in a great degree, the development of the pianic eruption to the custom which is prevalent among the blacks of anointing their skin with fatty substances; this custom, far from being pernicious, may, on the contrary, be useful in certain countries, where the habitations are surrounded by marshes from which, in excessive heat, unhealthy exhalations, or miasmata, proceed.

Symptoms, progress, duration, and prognosis.—This disease is generally preceded by sense of weight, weakness, and pain in the joints; hard and frequent pulse, red tongue, together with great thirst. Sometimes nausea, and even vomitings, take place after meals; the shiverings, which sometimes happen, are generally followed by heat in the skin, and copious perspiration; soon after there appears, on every part of the body, particularly on the margin of the anus, in the groins, under the axillæ, &c., small blotches, or tubercles, which are violet-coloured in whites, and of an ash colour in blacks, and not so large at the commencement as the grains of pearl barley; they vary, however, in size and form, and present the consistance and hardness of warts.

The disease is gradual in its progress, the blotches are raised above the level of the skin; they vary in size from that of the head of a pin, to a large strawberry; their surface presents the appearance of the raspberry (from which the name *frambœsia*

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* Repertoire d'Anatomie. Tom. 4, p. 4.

† An interesting case of this disease was given in our last Number.

has been given, by many authors, to this affection). It sometimes happens that these pianic tubercles are so thick, that they adhere to each other; the epidermis, which covers them, is distended; it breaks, and there escapes from its surface a white, ichorous and glutinous, liquid, which spreads an infectious odour, occasions great pain on those parts with which it comes in contact, whitens the hair, and causes it to fall off. This liquid is so acrid, that it acts upon metals, and corrodes the linen which is used for dressings.

In the second stage, the tubercles are situated more deeply in the cellular tissue; inflammation attacks the glands and lymphatic vessels, which are situated in this part. The irritation increases, when the patient is not submitted to proper treatment; and the pianic ulcers, instead of secreting a liquid like pus, only furnish an acrid matter, of a dirty yellow colour, spreading a particular odour, almost similar to that which passes from ulcers of a syphilitic kind.

In the last stage, the tubercles degenerate into phagedenic ulcers; these are, at first, elevated, hard, and irregular, and give out a copious suppuration, which considerably reduces the strength of the patient; the inflammation is communicated to the pituitary membrane, which secretes an acrid fluid, and soon ulcerates. The ulcerations of the skin extend to the cellular tissue. The bones become carious, the breath fœtid, puriform expectoration takes place, pain in the abdomen manifesting inflammation of the viscera, a series of symptoms supervenes, announcing speedy death. On examination after death, the parts present a yellowish hard appearance; the epidermis is considerably thickened, and covered with small tubercles of irregular form, containing a glutinous liquid. In the cellular tissues, there are frequently observed depositions of tuberculated matter, having a white, or cheesy, appearance. The glands and lymphatics are enlarged and distended, and in part ulcerated and disorganised. In some cases of this affection, the viscera have been found converted into a scirrhous mass. This disorganisation sometimes also occurs in the cellular tissue, muscles, ligaments, and cartilages; the bones are frequently found carious.

Treatment.—It is best, in general, to place the patient in a dry and elevated spot, at a distance from any marshes, where he may take exercise in the open air, which contribute in a very great degree to the cutaneous secretion, and the development of the eruption. All intercourse with persons attacked with pian, should be carefully avoided; the diet should be changed; animal food should not be given, if the patient be strong; if, on the contrary, weak, it will prove very beneficial.

Therapeutic Treatment.—At the commencement of the disease, the surgeon should have recourse to bleeding, if the strength of the patient permit. The use of sudorific drinks, as the decoction of sarsaparilla, or guiacum, often produces beneficial effects. The juice of these plants, that of vervain, taken at a dose of two ounces every morning fasting, in equal parts of milk, may prove highly advantageous; the use of purgatives, the warm bath, and steam bath, frequently prove beneficial. Sulphureous waters may also be employed. These remedies should be continued until the patient be completely recovered.

If it happens that some tubercles degenerate into spreading ulcers, the same treatment must be adopted, and the ulcers covered with lint, dipped in the chloruret of soda.

Most writers agree as to the treatment, and think that the oxymuriate of mercury is the best remedy which can be employed. I am, however, of opinion, that mercury not only produces little good in warm climates, but that it is injurious, from the effects which it produces in the system, by predisposing the mucous membranes in general to inflammation, and the glands to a state of scirrhus or induration.

I conclude that this remedy ought not to be prescribed in the treatment of pian. As soon as this disease manifests itself, no time must be lost, and the practitioner must not wait, as some advise, for the commencement of the drying of the pustules. Pian may attack the same individual several times; and, indeed, the person who has once been affected with the complaint, is liable to a recurrence of it. Pian is less severe in whites than negroes.

The complaint is contagious; it passes from negroes to whites; it is, however, of less frequent occurrence in the latter, and does not spread so easily as syphilis. I know several whites, who have had frequent connexion with negroes infected with frambœsia, but who never caught it. This opinion does not coincide with that of most authors, but it is founded on numerous facts, which I have myself observed.

Alibert, in his splendid work on diseases of the skin, has described one, which he calls *pian ruboide*. I think, however, that this is not a pianic affection, but a sycosis of the scalp, as has been observed by Dr. Bateman. Dr. Bateman asserts, that the pianic eruption is generally observed on the scalp. I have seen and treated a great number of persons affected with pian, but I never saw it on the scalp.

Dr. Winterbottom says, that the tubercles are filled with an opaque and whitish

matter. Before the tubercles break, no matter can be observed in them. When there is a depression of the skin, there is an ichorous discharge. Dr. Winterbottom also says, that it continues in children from six to nine months, and that adults are seldom cured in less than a year, and sometimes not in two or three years. Pian may be cured in three months, when it is attacked at its onset, and proper treatment is employed.

[Two cases of framboesia are related, which were cured by warm bath, venesection, sudorific drinks, and mild purgatives. No mercury was employed.]

ON A VARIETY OF CLUMP FOOT.

BY M. HOLZ, OF STRASBURG.

Among the malformations of the feet, some are congenital, others occur after birth, generally before the age of puberty, and sometimes without any very evident cause. The most frequent congenital distortion of the foot, is that which the ancients called *varus*, when the foot is turned inwards; the second distortion is that in which the foot is turned outwards; it is called *valgus*, and is extremely rare. But we find no where another variety of clump-foot in which the point of the foot is turned backwards, so that the person walks almost wholly on the dorsum of the foot.

There was for twelve years, in the Civil Hospital of Strasburg, a pensioner, a watchmaker by trade, who presented this variety of congenital distortion in both feet. His legs were thin, and the calves scarcely developed. Both feet were turned backwards, as from forced extension. The dorsal surface had become the inferior, and the plantar surface the superior. Walking was not painful; he could march easily and without support. He did not suffer the inconvenience of those whose feet are turned inwards, and who are obliged to raise one in order to advance the other. The knees were always a little bent, so as to maintain the centre of gravity in equilibrio. He uniformly rested his weight on the tarsus, rather more on the external than the internal surface of the foot; the metatarsal bones and the toes did not touch the ground when he remained stationary. He wore common half boots, the heels of which were turned forwards, and the points backwards; they were laced at the back part.

In 1825, at the age of 64, he was affected with pulmonary catarrh, for which he was placed under the care of Professor Lanth; after a short time the man died, not of the complaint for which he was admitted, but of cancer of the stomach. The feet presented the following peculiarities:—when compared with the feet of persons whose walk is natural, they were small, and the skin covering the part which rested on the ground, was callous, and folds in different directions were observed on the plantar, which, in this case, was the superior surface. In order that the description may be as clear as possible, I will examine first the state of the bones, then that of the ligaments, and, lastly, the muscles.

The bones of the leg were well formed, and in their natural relation to each other. The foot was turned backwards, which occasioned the astragalus to be dislocated forwards, the os calcis forwards and outward, and the cuboid downwards on the calcaneum; but there was no anchylosis nor change in the state of this bone. The dorsal surface was very convex, excepting at the spot which touched the ground, whilst the inferior was very concave, without either of the edges appearing shortened or changed in its figure.

The os calcis, instead of touching the ground and completing posteriorly the plane on which the foot rests, was drawn upwards by its posterior part, into which the tendo-achillis is inserted, and at the same time directed outwards. The superior articulating surface was not in direct and immediate relation with the inferior surface of the astragalus; but it corresponded to its external surface, where, in the natural state, the external ancle is situated, without, however, touching this surface in its whole extent. The superior articular surface of the astragalus was turned directly forwards and a little downwards, instead of being in contact with the articular surface of the tibia; its posterior surface also looked forwards, and the tibia rested on the inferior, in a great degree, and the small process of the calcareum. The inner surface was free, and gave attachment to ligamentous fibres; it was not in contact with the internal ancle; the outer surface looked towards the superior surface of the os calcis. The tibia rested on the inferior surface of the astragalus, and the inner ancle was situated above the scaphoid; the outer rested between the astragalus and os calcis, on a part of the concave surface placed above the tendo-achillis, and on the inner and back part of the inferior surface of the astragalus. The connexions of the scaphoid with the astragalus were more natural; the scaphoid was, however, turned a little backwards. The cuboid rested by its posterior on the inferior surface of the os calcis. The articular part of the astragalus and os calcis gave attachment to ligamentous fibres. The three cuneiform bones, the metatarsal bones, and the toes, had not expe-

rienced any sensible change in their position.

The articulation between the os calcis and astragalus differed, in many respects, from the natural state. The articular surfaces of these two bones were not in contact with each other: a space existed between them, at the posterior and outer part of the foot; this space was filled by a fibrous and ligamentous substance.

The muscles of the foot had undergone some remarkable changes. The tendo-achillis, which was strong and thick, kept the astragalus separated from the ground, at the same time that it drew the foot inwards and backwards. The tibialis anticus, from its direction and attachment, drew the foot upwards and inwards. The tibialis posticus drew the whole foot backwards and upwards, principally its inner edge. The flexors acted in the same way, as well as the muscles which are attached to the plantar aponeurosis. The abductor minimi digiti was not relaxed, as it is said to be in clump-footed persons, and as one might be led to imagine it would in this case, but it was contracted, so as to draw the outer edge of the muscle inwards and upwards. The extensors were weak and elongated, and, consequently, did not counterbalance the action of the flexors.

From what I have said of the state of the parts, both hard and soft, which enter into the composition of the foot, and which contribute to its motion, it will be seen that the principal cause of this irregular arrangement was the dislocation of some of the bones of the tarsus, and that the ligaments and muscles only acquired consecutively their unnatural situation.

Scarpa pretends that the astragalus is not concerned, at least, in common cases, in these deformities; and he feels assured that the other bones of the tarsus are not dislocated, as is generally supposed, but only turned on their maller axis. This case differs altogether from those which I have observed, not only in the degree of turning of the foot upwards, and its direction backwards, but also from the astragalus being evidently concerned, as well as from the dislocation of this bone, of the os calcis, and cuboid. The attachments of the ligaments were little altered from the natural state; their direction only was changed, and consequently their action; which, although weak, tended to increase the deformity, and to retain the bones in their unnatural situation. The muscles had not any unnatural attachments; but the contraction of some, and the weakness of others, from their great extension, impeded the return of the foot to the normal state. Moreover, the tendons having an unnatural direction, the contraction even of the weakened muscles, such as the extensor communis digitorum, and extensor proprius pollicis, tended to increase the mal-position of the foot.

The causes which may determine or favour the development of like deviations of the feet *after birth*, are well known. But those which give rise to these deviations in the womb of the mother, are involved in great obscurity. Scarpa, Boyer, Delpech, thought that they had discovered the first cause of the irregular formation of the bones of the tarsus, or even of a single articular surface, viz. in the want of equilibrium between the muscles which move the foot, in the shortness of some of these muscles, in an unnatural insertion of some of their tendons, &c. This, however, does not completely explain it. In the old man, who was the subject of my observations, no unnatural attachment existed; the bones were well formed, some articular surfaces were bare and rough, which, however, was not concerned in the cause of the deformity. There was certainly a want of equilibrium in the action of the muscles, which is evident, from the description which I have given: but nothing proves that the relaxation of some, and the increased action of others, had been the cause of this considerable turning of the foot upwards.

If we examine the fœtuses of different ages up to the ninth month of pregnancy, we observe a remarkable tendency of the feet to turn inwards. The legs bent and crossed, the feet resting in front and on the buttocks; the soles directed against them; the external edge looking downwards, and the point inwards. This state of parts is more marked, according to the youth of the fœtus; it is very well seen in a young born infant, even until it has begun to walk.

The cause of congenital distortions of the feet consists, then, in a change in the direction of these parts, produced by their mal-position in the womb of the mother, and rarely in an unnatural structure of the parts.

I regret to say, that we have no machine applicable to the cure of this kind of distortion.

GUY'S HOSPITAL.

CASE OF OVARIAN DROPSY, IN WHICH AN ATTEMPT WAS MADE TO EFFECT A RADICAL CURE, BY THE INTRODUCTION OF A TENT AFTER THE OPERATION OF TAPPING.

A. H., 21 years of age, dark hair and eyes, but fair skin, was admitted into Dorcas' Ward, on the 17th of January, on account of a swelling of the abdomen.

It appeared from her statement, that she was a married woman, had borne two children, and, excepting the periods of gestation and lactation, had had regular catamenial discharges. The first child was born within twelve months of her marriage, which took place five years ago; during the early period of her pregnancy a tumour formed at the lower part of the abdomen, on the left side; it gradually increased with the uterine enlargement, and, after delivery, was found to be of very considerable magnitude. It remained almost stationary for about two years, when she again became pregnant, and the swelling again increased during this state. Within the last few months prior to admission, it had become so large as to produce many unpleasant symptoms, clearly referrible to undue pressure.

The general health of the woman, on her admission, did not appear to be much affected; there was evidence of high morbid susceptibility in the constitution, but none of organic disease; she had been much subject to hysteria. The swelling was so large that it had completely filled, and rendered tense, the abdominal cavity, forming indeed a smooth round tumour, similar to ascites; there was an indistinct sense of fluctuation.

On the 5th of February, Mr. Key introduced a trocar into the centre of the swelling, and, by means of a canula, drew off upwards of seventeen pints of dark-coloured fluid, homogeneous, offensive to the smell, and slightly coagulable by heat; having completely emptied the cyst, a portion of bougie was introduced into the wound, and there retained, with the express view of exciting inflammation throughout the interior of the sac. A bandage was passed firmly round the body.

On the 7th, two days after the operation of tapping, there was very high febrile excitement; the pulse was almost innumerably quick; the skin hot, and countenance anxious. Under these circumstances, Mr. Key determined on removing the portion of bougie from the cyst, and it was consequently effected; when, about three pints of fluid issued from the orifice, similar in kind to the first evacuation. For several days the constitutional disturbance was very great, and in consequence of much tenderness and pain manifested on the right side of the abdomen, leeches were applied. It is peculiarly worthy of remark that the tumour, on the third day after the operation, had attained a size equal to that which it had acquired previously.

On the 1st of March, upwards of three weeks after the tapping, we find the abdomen greatly distended, the fluid evidently having re-accumulated in the ovarian cyst to its full extent; the orifice continues to discharge a sanious fluid, and the patient is still feverish and unwell. The treatment, undoubtedly, has been of no avail as regards the local disease, and it has produced a marked ill effect on the general health.

Remarks. From an extension of the principle acted upon in the radical cure of hydrocele; namely, the excitement of such a degree of inflammation, as shall produce an obliteration of the cavity, either by adhesions or granulations, surgeons were led to adopt a similar plan of treatment in cases of ovarian dropsy. This practice, however, which appeared so highly feasible, reasoning from analogy, was abandoned in consequence of its being found, in many instances, to prove fatal, whilst, in others, it was of no avail in the cure of the disease, and, in all, was attended with much danger. If we look back into the history of this measure we shall find that the practice of making incisions into the ovarian cyst was first recommended and adopted by Le Dran, who has related two cases in the Memoirs of the French Academy, in which this treatment was pursued. In the one case a free incision was made into the cyst, the fluid was evacuated, a suppurative process was established, and the woman got entirely rid of the dropsy—a fistulous opening, however, remained. In the second case an incision was also made, and, subsequently, a canula introduced into the sac; high febrile excitement supervened, delirium and constant vomiting being prominent features in the case; the patient at length recovered, and there was no further accumulation of fluid in the cyst; but there remained a fistulous opening for upwards of two years. There is also a case detailed in the same volume with the preceding two, where a female was tapped, but nothing came through the canula; an incision was then made into the cyst, the contents, which proved to be of a gelatinous kind, were evacuated, and the wound was afterwards closed. Vomiting and fever supervened, and the patient died on the thirtieth day after the operation. It is, perhaps, remarkable that the severe practice of making incisions into the ovarian cyst should have been adopted by Le Dran and others in preference to the introduction of a tent, after tapping; because it had at that time been fully shown by various writers, that making incisions, even in cases of hydrocele, was frequently attended with fatal consequences.

The introduction of a tent, after having evacuated the fluid, and the use of stimulating injections, thrown into the cyst, were measures next pursued with a view to a radical cure; under the former mode of treatment we have some cases recorded, which are said to have been successful. Portal relates a case of this kind; but with re-

spect to the injection of ovarian cysts, this practice we believe has been fatal, in a majority of instances. Dr. Denman notices the particulars of a case, in his Introduction to Midwifery, in which the patient died on the sixth day after injecting the ovarium. The late Mr. Ramsden made use of injections in two cases of ovarian dropsy, and both of the patients died in consequence. Sir A. Cooper, in allusion to this plan of treatment, observes in his lectures that it has not been sufficiently tried.

It is, perhaps, not the least curious part of the case immediately under consideration, that the disease of the ovary should have commenced with pregnancy; it would seem that the calling into action of a part, previously useless, had developed a latent disposition to disease. Mr. Key is now of opinion that there is, strictly speaking, a diseased ovarium, not simply an enlargement, with an accumulation of serous fluid; the want of albumen in the fluid, drawn off by tapping, as shown by its non-coagulation by heat, we should conceive augured badly for any attempt at exciting adhesive inflammation throughout the ovarian cyst.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—Allow me to request, through your medium, of one of your correspondents, who signs himself "An Old Practitioner of Chancery Lane," his reasons for withholding his proposed intention of advocating the cause he had entered into; viz. the more liberal pay of medical assistants. On reading his letter, I was much pleased to think, that at last this meritorious class of the profession had the chance of a friend; but was as much surprised, when I went to subscribe my name at Callow and Wilson's, to be informed, that no paper had as yet been left there, although numerous applications had been made respecting it.

Your correspondent has entered so justly and feelingly into the merits of the subject, and has suggested so easy a method of prevention, that I cannot suppose him to be indifferent as to its final success; his views are so correct, and his descriptions rather under than overrated, that the justice of his plan needs no further comment. The insertion alone of that letter, has already awakened a lively interest in its favour; and it is to be hoped, that, on his seeing this, he will immediately proceed in his undertaking, or allow some other gentleman to continue the same, that its merits may not now be lost sight of.

Several of my friends were as much disappointed as myself, in not being able to testify our approbation of the measure; and that no exertion shall be wanting by the writer of this note, he begs to inform your readers, that he can already command the signatures of half a dozen respectable gentlemen, who will lend their assistance, should it be deemed necessary, towards forwarding the plan proposed by "An Old Practitioner."

I have the honour to remain,
Your constant reader,

A YOUNG MEDICAL PRACTITIONER.

Berkeley Street, Portman Square,
March 2d, 1823.

LIZARS' PLATES.

To the Editor of THE LANCET.

SIR,—Like many other subscribers to Mr. Lizar's "System of Anatomical Plates," I have been for a considerable time past expecting that he would *complete* that work, by fulfilling certain promises he made, whilst it was in course of publication. Mr. Lizars, in his preface to Part IV., "pledged himself to give the physiology and pathology of the nervous and arterial systems;" yet neither the one nor the other has been published; though he says, at the time he wrote, "they *were already prepared*," and merely required *arrangement and condensation*. Observations on the muscles, and a tabular view of them, were promised, as soon as the parts illustrative of them should be published; this promise, however, he has never fulfilled. In his preface to Part VII. he says, "he deemed it preferable to defer the printing his pathological and surgical observations on the nervous system, till they could be given in connexion with the physiological ones;" but here, again, Mr. Lizars has forgotten his promise, none of these observations having appeared.

Mr. Lizar's work, I believe, has deservedly met with very great patronage, and therefore I think it would be but an act of common courtesy, and, indeed, the least he could do, were he to explain to his subscribers the reasons for these omissions; at any rate, he should let them know whether they are to expect any thing more or not.

Hoping that these remarks may meet the eye of Mr. Lizars, or some of his friends, and draw forth some reply,

I am, Sir,
Your sincere well-wisher,

JUSTICE.

Redruth, Feb. 17, 1823.

THE LANCET.

London, Saturday, March 15, 1828.

Authentic documents, which enable us to contrast the real with the ostensible motives of men's conduct, and to set the secret workings of their consciences in opposition to their public declarations and professions, afford excellent materials for comment on the infirmities and obliquities of human nature. In this point of view, the correspondence between Dr. Forbes and Mr. Guthrie, which we laid before our readers in our last Number, is interesting and instructive. *Ostensibly*, Mr. Guthrie's sole motive in commencing and continuing legal proceedings against The Lancet, was to vindicate his professional character, by showing the falsehood of certain strictures on his conduct and practice as surgeon to the Westminster Eye Infirmary, and as this could only be done by courting the fullest inquiry, *ostensibly*, Mr. Guthrie was the last person in the world, who could have been supposed to be desirous of suppressing any testimony, which was calculated to throw light upon the conduct and practice pursued by him in that institution. It appears, however, from the correspondence, that Mr. Guthrie was aware that there did exist an individual, who, if he had been called upon to give an opinion in a court of justice of his skill as an ophthalmic surgeon, would not only not have spoken favourably of his practice, but who, to use Mr. Guthrie's own language, would have "given evidence in unequivocal support of the matter of the libel." It further appears, that this individual was no other than Mr. Guthrie's own colleague, Dr. Forbes; and that it was only in consequence of Mr. Guthrie's conviction, that there were no means of suppressing Dr. Forbes's testimony, that the action against The Lancet was finally abandoned. We say, without hesitation, Mr. Guthrie's conviction that there were no means of suppressing Dr. Forbes's testimony; because it appears distinctly from Dr. Forbes's extraordinary statement, that Mr. Guthrie had the strongest reason to believe, from a letter addressed to him on the 12th of December, that Dr. Forbes's opinion of his ophthalmic practice was unfavourable; that he *did*, nevertheless, on the 17th of December, sound his colleague as to the nature of the evidence he was likely to give upon the trial; and that it was not until he received a letter from Dr. Forbes on the evening of that day, distinctly apprising him, that if questions were put to him concerning the practice at the Eye Infirmary, he should be compelled to state, that "stimulating applications to the eyes of the patients were too *indiscriminately* used, and that constitutional treatment was, in many cases, not sufficiently attended to," that Mr. Guthrie finally resolved upon making his retreat from the Court of Common Pleas. These are facts which it is impossible to controvert; they are proved by the handwriting of the parties themselves; they are upon record in the pages of this journal; and upon these facts will the verdict of the public and of the profession be awarded, as between The Lancet and Mr. Guthrie; for this is a verdict which Mr. Guthrie still has to encounter, although by a timely retreat from a court of justice, he has escaped the consequences of a proceeding, which, to use his own language, "could only have obtained for him the appellation of a blockhead," and in which his own colleague would have given evidence in unequivocal support of the matter of the alleged libel.

There is one point of view in which the perusal of this correspondence may prove instructive, not merely to professional readers, but to all men who feel an interest in the impartial administration of justice. It is evident, that if the cause had gone on to trial, and a verdict had been obtained

against THE LANCET, in consequence of the suppression of the testimony of Dr. FORBES, the ends of justice would have been shamefully defeated. Dr. FORBES, in his statement, bears unequivocal testimony to the TRUTH of the paragraph, which Mr. GUTHRIE characterised as "an infamous and malignant falsehood."

The following is the paragraph which appeared in THE LANCET of Saturday the 26th of May:—

"The patients of the Westminster Infirmary, for diseases of the eye, are ordered to attend on Tuesdays, Thursdays, and Saturdays, and, though coming from Kilburn, Paddington, Chelsea, and other places in the environs of town, are frequently obliged to return without the sought advice. Dr. Forbes examines about a third of 150 of these poor creatures, the rest are to be seen by Mr. Guthrie, who does not arrive till half past twelve o'clock, and sometimes not at all, and there does not appear to be any efficient house surgeon to act in his absence. It is sad work."

Let the reader compare the declaration of Mr. GUTHRIE, respecting this paragraph, with the statement of his colleague Dr. FORBES:—

MR. GUTHRIE.

"I feel it due to those noblemen and gentlemen, who, at my repeated solicitations, have given the Infirmary their support, to declare, that the whole of the defamatory part of the paragraph, copied from THE LANCET of this day, Saturday, May 26, *is an infamous and malignant falsehood.*"

DR. FORBES.

"The truth of this paragraph was so apparent to Dr. Forbes, that he immediately called upon one of the Vice Presidents of the Institution, and expressed his regret that Mr. Guthrie should have exposed himself and the Infirmary to be so animadverted upon. On the morning following the publication of this paragraph, Mr. Guthrie wrote a note to Dr. Forbes, requesting him to call in Berkeley Street, for the purpose of making some alteration in the admission ticket of the Infirmary."

It must be as clear to every one, as it was to Mr. GUTHRIE, that with such testimony as that which Dr. Forbes was bound, when called upon in a court of justice, to give against him, he had not the slightest chance of obtaining a verdict against THE LANCET. But suppose Mr. GUTHRIE had succeeded in effecting the suppression of Dr. FORBES's testimony, or in prevailing upon that gentleman so to modify and mitigate it, as to have kept a jury in the dark as to the estimation in which he held the abilities of his colleague, and the extent to which he really concurred in the truth of the statements in THE LANCET, which were charged as false and libellous. Under such circumstances, a verdict might, no doubt, have been obtained against us; but we will leave it to any reader of the correspondence to say, whether a verdict so obtained, could have promoted the ends of justice, or substantially vindicated the professional character of Mr. GUTHRIE. We shall return to this subject next week; for Mr. GUTHRIE's conduct in altering the regulations of the Institution, on the very day after they were complained of in THE LANCET, and the deliberately asserting a statement to be false, which, before he made the alterations he knew are to be true, features in this correspondence, which we cannot adequately introduce to the notice of our readers within the limits which are now at our disposition.

WE inserted, a few weeks ago, certain Resolutions, purporting to have been passed by the Pupils of the Veterinary College, the avowed object of which resolutions, was to contradict certain statements which had appeared, from time to time, in THE LANCET, respecting the negligence and irregular attendance of Mr. Coleman, as the chief veterinarian of the establishment. We have already stated, that the number of

pupils who attended the meeting at which these resolutions were passed, did not exceed twenty-five, the whole number of pupils at the College, amounting nearly to one hundred. We have since ascertained, that there are two other circumstances which give additional value to the document in question, as it affects the reputation of Mr. Coleman. The resolutions were said to have been carried unanimously; nor is this suprising; for it appears that the negative question was never put by the Chairman; and we are informed, that only fifteen out of the twenty-five students present, ultimately signed them. It appears, also, that several of these pupils were to undergo their examination on the following day, and did, in point of fact, obtain, respectively, the thing called a diploma, at Mr. Coleman's residence. The statements, therefore, which appeared in this Journal, remain, to all intents and purposes, uncontradicted. We call upon the friends of Mr. Coleman, if they are really desirous of answering these statements, to say whether a single clinical or stable lecture has been delivered by the Professor, or his deputy, during the present season.

As Joe Burns was bustling through the streets one day this week, he was overtaken by an old colleague, who, after the usual friendly salutation, complimented him on his late success in joke and pun. "Mere trifles, Sir," said Joe, "struck off at the moment; cost me no trouble; not worthy of your attention." It was soon apparent that the friend was quizzing, and that he did not believe Joe to be the real author of the good things that pass under his name. The latter was nettled at this; for, though very good natured, and affecting indifference on the point, he is extremely sensitive whenever his reputation as a wit is called in question. "Well," said the friend, "you may easily settle the point; make a joke directly; if it be good, I will give up my doubts, and the effort shall not be lost." Joe took him at his word, and said with incredible promptitude, "Tell me, Sir, why Ben Travers is like 'the glorious orb of day.'" This apparently incongruous comparison of the source of light to the great master of the dark style, completely puzzled the doubter; the more he reflected on the unfathomable depths of this profound author, the less was he able to discover in him the likeness of any thing luminous, and he soon gave up the attempt. "Why," said Joe, with a look of exultation over the confounded sceptic, "did not Ben rise in the east, and has he not gone down in the west?"

A Manual of the Physiology of Man, or a concise Description of the Phenomena of his Organisation. Translated from the French of P. Hutin. London. Jackson. 1823.

It has been remarked by Pope, that, "the proper study of mankind is man," and this is equally true in a *physical*, as well as in a *moral* point of view. Indeed, what can be so important to man as the study of himself: the contemplation of the beautiful mechanism of his own organisation? Biology, or the science of life, is the business of every man; but to the medical practitioner it is, as Zimmerman has observed, the foundation of all knowledge. An acquaintance with the laws of the animal body, in a diseased state, presupposes a knowledge of the qualities and order of the phenomena of the same body in a state of health; and thus physiology, or the science of healthy functions, stands opposed to pathology, or the science of disease.

The work we have now before us, *sub judice*, professes to be an analytical digest of the science of physiology. It certainly does appear, at the first glance, a daring, if not presumptuous, attempt to condense the "labours of ages" into a small octavo;

we could almost fancy that the volumes around us seem ready to start from the shelves, and that a second "battle of books" was about to commence. However it does happen in respect to physiology, that the quantity of real knowledge, which can only be obtained from an accurate observance of the functions of life, is comparatively small indeed; it is true that we have abundance of speculations and hypotheses, but the solid instruction, as Mr. Lawrence has well observed, forms but an inconsiderable fraction in the accumulated mass.

The author of this Manual first enters into a brief consideration of *all* the bodies of nature, pointing out the distinctive properties of organic and inorganic bodies; and subsequently, the differences existing between animal and vegetable organisation: he then treats of animals in general, concisely enumerating the methods of classification adopted by Linnæus, Cuvier, &c., and affixes a table of the animal kingdom, according to the arrangement of De Blainville. Having dismissed these subjects in a general manner, the immediate object of the work, physiology of man, or anthropology, is entered upon; the different parts which constitute the organisation of man are spoken of, as well as the number and classification of the functions, and at the conclusion a table is given of the order established by the author in subsequently treating of them. The arrangement is as follows: there are two classes, first, those "functions which serve for the life of the individual," and these include two orders, the "functions of nutrition" and the "functions of relation:" and, secondly, "functions which serve for the preservation of the species," including generation, &c.

Under the respective heads of digestion, absorption, respiration, circulation, secretions, &c., we find all the ordinarily received opinions enumerated in a concise, but sufficiently copious, manner; the general disposition and structure of the organ commissioned to perform each function are briefly described, then the function in itself is considered; and, lastly, the principal theories or hypotheses are laid down. In this manner the subjects are treated throughout the two classes; and there is an appendix containing much interesting information, respecting ages, temperaments, idiosyncrasies, habits, &c.

In conclusion, we have no hesitation in pronouncing this to be a very useful little work; and although it cannot of course supersede the more laborious and diffuse treatises on physiology, yet it will be found highly valuable, especially to the student, by presenting much information in a condensed form. The translation is creditably executed, although we must remark that, in many instances, it would have been well to have stepped a little more from the *verbum in verbo* method of executing the task.

ABUSES AT THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—Knowing you to be an exposer of abuses in any way connected with the medical profession, I beg leave to present to your notice a few remarks relative to the manner in which the pupils are treated, who, unfortunately, have entered at the Westminster Hospital. I allude to the attendance of the surgeons, which is most shamefully irregular. Mr. White, on Saturday last, and many times previously to that day, did not make his appearance until it was time for the students to leave the Hospital to attend their anatomical lectures. In fact, the surgeons are altogether most grossly negligent in discharging the duties incumbent on their situations, both as surgeons to the Hospital, and instructors to the students. I have reason to suppose, that they are at all times ready to *pocket* the *fee* from the pupils, but never afterwards think of rendering them that assistance which it is their duty to do, in their efforts to acquire professional knowledge.

Hoping you will find space for these remarks in your truly valuable Journal, through which so many abuses have already been removed, I subscribe myself, Sir,

Your obedient servant,

DISCIPULUS ÆSCULAPII.

March 3d, 1828.

ATTENDANCE IN CASES OF MIDWIFERY BY UNQUALIFIED PUPILS.

To the Editor of THE LANCET.

SIR,—Your very enemies must admit, that the cause of medical science, and, as a necessary result, that of humanity also, stand much indebted to the spirit of your widely-circulated Journal. Impressed with this fact, which can only be questioned by interested individuals, I send you the following remarks, which I am sure you will insert, if the press of other matter does not preclude its possibility. They allude to a subject which, on the score of humanity, is one of the highest importance; I mean, the practice of students attending poor lying-in women. My professional avocations necessarily call me a good deal among the lower order of persons, and I can assure you that there is, and, I am persuaded, not without just grounds, great cause of complaint. It is not requisite to particularise cases, as it would be rather uncourteous to certain lecturers, my object being rather to draw their attention to the circumstance, and to suggest to them the necessity of giving pupils a rigid examination, previous to their being admitted to practise, to ascertain whether they are competent to the management of natural labour, and whether they can expect from them an early detection of difficulty, when it really occurs. It is true, the College requires, from candidates for examination, midwifery certificates; but you, Sir, need not be told, that this is a "mere farce." In the hope that this brief notice will be sufficient to induce teachers of midwifery to pay a degree of attention to a subject which is of so much importance to the poor individuals concerned, and in which all humane persons must feel interested,

I have the honour to remain, Sir,
Your very obedient servant,
A GENERAL PRACTITIONER.

Feb. 25.

WEISS'S URETHRA DILATOR.

To the Editor of THE LANCET.

SIR,—I take leave to send you an engraving of my newly-invented dilator for the female urethra, accompanied by a letter from Mr. Serph of Welshpool, who was so highly satisfied with it, that he allowed me to make use of his letter, in any way which I should think proper; I therefore beg you will have the goodness to insert it in your valuable publication, with the view of making the instrument more generally known among the profession.

It is highly gratifying to my feelings, to find that it has been so successful; not only in this, but in many more instances. Sir Astley Cooper first gave me the idea of dilating the female urethra, and requested me to invent an instrument for that purpose, which succeeded most completely: since then, it has been used by Mr. Green, and several other eminent surgeons, who have given it their most unqualified approbation.

I am, Sir,
Your obedient servant
JOHN WEISS.

62, Strand, Monday.

To Mr. John Weiss.

SIR,—I did not answer your last letter, because I knew I should have some further communication to make to you about your most invaluable dilator.

On the 7th of May last, I removed from the bladder of the lady, another calculus, or, rather, several pieces of stone, of a soft and friable consistency. On the 28th day of September last, another operation was performed, and a piece of bone (part of the os pubis of the left side) was removed from Mrs. A.'s bladder.

It was incrusted, at one of its extremities, with a thick layer of the same substance as the other calculi were composed of, and the opposite extremity was a naked and sharp-pointed bone, the whole measuring $1\frac{1}{2}$ of an inch in length, and $1\frac{1}{2}$ of an inch in circumference at its larger extremity, and the substance was shaped like the tusk of a hog.

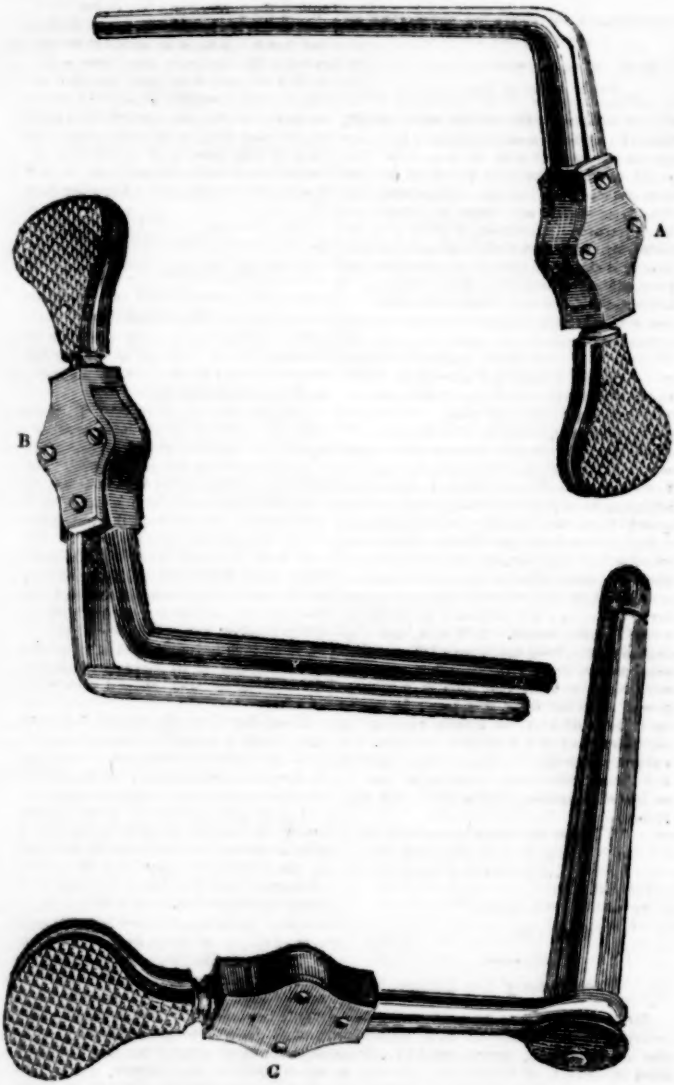
From that time, the patient has enjoyed good health; and a few days after the soreness necessarily occasioned by the dilatation, wore entirely away; the bladder never lost its retentive and expulsive powers.

I feel great pleasure, in being able to testify to the incalculable advantage your dilator of the urethra gives to the surgeon in the removal of calculi out of the bladder of women, and the almost *certainty* that the unhappy females afflicted with stones in the bladder can be easily cured, and without any risk of life, or of the powers of the bladder.

You are at liberty to make what use you please of this communication, and I sincerely hope that your ingenuity will be amply rewarded. The instrument with one branch grooved to receive the other, is far superior to the others, as its introduction is much easier to the operator, and much less painful to the patient.

I am, Sir,
Your obedient servant,
P. L. SERPH.

Welshpool, Dec. 18, 1827.



Directions.—A., the instrument when closed, which, by turning the handle, will cause the blades to open as B.—C., a speculum ani, which is also used for dilating the female urethra; but the blades of the instrument being large, it cannot be introduced until the part has been previously extended by the smaller instrument.

EXTRAORDINARY CONDUCT OF A LECTURER.

To the Editor of THE LANCET.

SIR,—The character of the profession as a body, is formed of that of its members individually; and when any member is base enough to inflict a wound on this, it behoves the rest to take some notice of his conduct, especially if he be an individual who endeavours to push himself forward into public notice. If this be admitted as a principle, I feel satisfied that both you and your readers will hold that I am justifiable in laying before the profession an account of the following occurrence, which took place on Thursday last at a medical school in the metropolis, although I was, unfortunately, myself one of the principal actors in the drama. The other actor was Dr. David D. Davis, of George Street, Hanover Square, lecturer on midwifery at the Medical School in Aldersgate Street; and the performance took place at the theatre of that school. I know not how far a public lecturer is entitled to the privilege of making an improper use of persons' names before his class, and of heaping calumny and falsehood upon their heads, when he thinks them no longer able to defend themselves; but that Dr. Davis assumes this privilege, will appear evident from the following facts, which are well known to his pupils. Being in town on Thursday last, and meeting a friend who attends Dr. Davis's lectures, I was informed that the Doctor, some weeks previously, when lecturing on *mollities ossium*, made use of my name in these scandalous words: "I should have had a pelvis to show you, as a specimen of this disease, had it not been for a gentleman named Davies, who lived in Tottenham Court Road, and to whom I gave it to clean. Instead of returning it, he said that the rats had eaten it; *but I suppose Mr. Davies was fitting up a little Museum at the time.* He is now gone into the country, I believe, in a decline, and *I suppose the rats have eaten him before this time.*" That the Doctor was perfectly conscious, when expressing these words before the class, that he was stating that which was untrue, I feel fully convinced, from the following circumstances: At the time this said pelvis was destroyed, I explained to him every thing connected with the occurrence, and offered, if he wished it, to bring my partner and assistant to prove, that what I stated was correct; but as he did not seem to require that, and as he appeared satisfied with the explanation I gave him, as I also lived more than *two years* in London after this occurrence took place, without hearing a word about, or thinking any thing more of, this pelvis; I could not suspect that he had registered the affair in his black book, in order to calumniate my character after my death. The facts, in a few words, connected with the case, are these: Dr. Davis, in 1823, requested that I would examine the body of a woman, at Mr. L——'s, the chemist's house, in Tottenham Court Road. She had died in child-bed, and was very correctly supposed, by Dr. Davis, to have mollities ossium. He said that he had never seen her during life. Whether this was the case or not, I cannot tell; there were marks of severe injury inflicted on the uterus. I there met him, with another gentleman, who also knew nothing of the case, and who was a perfect stranger to me. After I examined the abdominal and pelvic viscera before the Doctor and his friend, they both took their departure; the former requesting that I would take out the pelvis, and carry it home to clean for him. I may here remark, that this subject presented the most perfect specimen of *mollities ossium* I have ever seen; the texture of the bones of the pelvis, as well as that of the other bones, was something of a cellular nature, very dissimilar to any organised substance that I have ever witnessed. It was not so *dense* as that of cartilage, but at the same time *softer*. In cutting the bones with the scalpel, they imparted a rough sound, like that produced by a hard apple when cut. I took the pelvis home, and put it to macerate in a pan in a vault at the back of my house; and, in going down, about a fortnight after, with my then partner, Mr. L'Estrange, of Gower Street North, to see how the preparation was going on, we both were as much surprised at *seeing*, as Dr. Davis could be at *hearing*, that the rats had devoured the whole of it, excepting a few pieces of the hardest parts, which were scattered about round the pan. I may also mention, that not a drop of the water in which it was put to macerate, remained in the pan. This is the whole history of the pelvis, respecting which Dr. Davis thought proper to make such an illiberal use of my name in public; and that this is the true account of its fate, Mr. L'Estrange and my then assistant can still testify. As I was neither lecturing, nor intending to lecture, the pelvis could have been of no manner of use to me; and that I was not "fitting up a little museum at the time," the gentleman whom I have already mentioned can bear testimony. But, Sir, supposing the Doctor felt sceptical upon the point of explanation I then gave him, did it show manly conduct, or even common feeling, on his part, to remain silent for two or three years, and then not only to doubt the truth of my explanation, but to accuse me publicly of having secreted this pelvis, when he thought I was beyond the verge of ex-

istence. That he actually believed I had paid the debt of nature, or, according to his liberal and gentlemanly expression, that the rats had eaten me, I have no doubt whatever; not only from his own statement to the class, but also from the grim and ghastly horror which his countenance expressed, when I went to call him to account before that class. Why he should have thought so, is best known to himself. It would appear that he is a strong opponent to the maxim, *de mortuis nil nisi bonum*. Instead of wishing peace to the manes of his enemies, as most others have the humanity to do, he seems to feel pleasure in raking up the ashes of those, even, who never gave him the least cause of offence. The thrust of an assassin may sometimes be parried before the poignard reaches the bosom of his intended victim; or he may, perchance, miss his blow, and be made to suffer on the spot that punishment which the enormity of the crime he was about to commit so justly deserves: *he* therefore requires some degree of physical courage to carry him into the deed. But the wretch who aims a blow at the moral character of those by whom he considers himself beyond the reach of possible discovery, is justly set down as the most dastardly of all cowards.

Sir, as soon as I was informed of this infamous charge, I immediately, as the Doctor was lecturing at the time, presented myself before him and his class, that he might obtain ocular proof that the rats had not devoured me; and here his physical courage showed itself as negative as his moral turpitude had been positive. Whether or not he imagined that I was something *less* than flesh and blood, come from the shades below, to haunt him, I cannot tell; but the cadaverous state which his countenance assumed when I addressed him, rendered him almost an object of pity. His subsequent conduct in the theatre, however, will show that he scarcely deserved even this; for, when I repeated to him the words that I had been informed he had used, and asked him whether or not it was true that he had made use of such or similar words, he managed, after a time, to exclaim, "This is a most unexpected visit;" and, having recovered in some degree the use of language, to satisfy himself further that it was not a ghost that stood before him, he asked, successively, the three following questions: 1. Whether I had not left London? 2. Whether it was not illness that caused my leaving it? 3. Whether that illness was not a pulmonary affection? Having partly satisfied himself, by these questions being answered in the affirmative, that I was still composed of flesh and blood, he attempted to *deny* that he had mentioned my *name*; but when he was informed that I was ready to prove that both my name and address were mentioned, he began to slink out of the theatre. As neither his courage nor arrogance could induce him to stay any longer, to have the case explained before that class, every member of which runs the risk of having a similar calumny heaped upon his head before another class, by the same individual, all I could say before he left the room, was, that he had stated an *absolute falsehood*; which he took away with him very patiently, and which he has kept in his pocket ever since. Almost any one but Dr. Davis would have either apologised for the fault which he had committed, or would have attempted to support the charge; but since a love of justice appears to form no part of his nature, there was only one of two ways in which I could make him answerable for the base attack which he aimed at my character. I have chosen to lay the case before the tribunal of the profession, in preference to that of law, because I hope by this means to bring the antidote to meet some of the poison which the malice of this *liberal* professor of the London University, has been endeavouring to disseminate. I have been since informed, from a pupil who has attended four courses of his lectures, that my ashes have been regularly stirred in every course. Now that he has had ocular proof that my bones, although once pulverised by the masticatory powers of rats, have again become invested with muscles and skin, I beg to inform him, that he shall probably hear of me, from time to time, until these voracious vermin take it into their heads to make a second attack upon me, lest he should bring himself into another such dilemma. In the mean time, as all his pupils, former, present, as well as those who are to come, (if he should have any more,) may be endowed with this reviving property with which I have been favoured, I would advise them not to forget to insert a clause in their wills, requesting some faithful friend to watch over that which was most dear to them while living, namely, the reputation of their moral character, lest it should be dastardly attacked when they are no longer present to defend it themselves.

I am, Sir,

Your most obedient humble servant,

JOHN DAVIES.

Hertford, March 7th, 1828.

LONDON MEDICAL SOCIETY.

ANNIVERSARY MEETING AND DINNER.

The anniversary meeting of the members of this society was held on Saturday afternoon last, at the London Coffee House. After the registrar had announced the names of the officers for the present year, the President, Dr. Haslam, addressed the meeting by observing, that in addition to the numerous advantages possessed by the London Medical Society, among which might be enumerated its extensive library of ancient and modern authors; its association of eminent medical practitioners, and its interesting disputations: the society with distinguished liberality, on important occasions, conferred an honorary premium on such of its members, as had rendered themselves conspicuous for talent, its exercise for the honour of the society, and for the advancement of the healing art. To Dr. Clutterbuck, a medal was now to be presented.

In Dr. C.'s absence, his nephew, Dr. Woodforde, was appointed to receive it; and it was accordingly delivered to that gentleman with the following address:—

This token of the esteem and regard of the Medical Society of London, the highest remuneration they have the power to bestow, conveys the unanimous feeling of respect and affection of that body towards Dr. Clutterbuck for numerous essays and dissertations on professional subjects. This memorial, continued the President, has been long deserved; but from circumstances, not to be controlled, has been long delayed: this procrastination has, however, enabled me to feel a personal pleasure in being the instrument of conveying the reward to merit.

The gold medal was then presented to a Mr. Perry, for a dissertation on diseases of the rectum; and we remarked in the President's address the following sentence, delivered with considerable emphasis:—"It is but justice, that this essay should be published, that the profession at large may duly estimate its intrinsic merit, and likewise appreciate the *wisdom* and *impartiality* of the committee, who awarded the premium."

The Society's medal was likewise presented to Dr. Haslam, for his valuable lectures on the Intellectual Composition of Man. The presentation of the medal was accompanied by a very elegant and apposite speech from Mr. Kingdon, one of the vice-presidents.

Dr. Burne then proceeded to the delivery of an oration, "on the principles of the practice of medicine;" and this being concluded, the Society adjourned to a neighbouring apartment, until the welcome invitation to the festive board was given. Dr. Haslam took the chair, and upwards of ninety gentlemen sat down to dinner; there was abundance of good cheer, and the hilarity of the evening was much increased by the efforts of several eminent vocal performers. The ordinary loyal toasts were given, and drank with much enthusiasm. In proposing the health of his Royal Highness the Duke of Sussex, the worthy chairman was pleased to designate him, "the patron of the arts, and the most learned prince in Europe." Mr. Pettigrew returned thanks on behalf of his Royal Highness.

The "Members of the College of Physicians" was the next toast given, when Dr. Burne rose and observed, that he wished to exculpate himself, as one of the stewards, from the supposition of having sanctioned such a toast; he knew of no such persons as the Members of the College of Physicians; there were, he said, Fellows and Licentiates.

The Chairman, in explanation, remarked, that by the term "Members," was included *all* who belonged to the College of Physicians; he heartily deprecated invidious distinctions in matters of science, and was persuaded, that if "chartered rights" were thrown into one scale, and talent into the opposite, the former would soon kick the beam. He had not toasted the "College of Physicians" simply; for that would have implied nothing more than a brick and mortar building, the unstable nature of which, we had lately had a melancholy opportunity of knowing.

The healths of the Members of the College of Surgeons, and of the Apothecaries' Company, were drank without commment. In proposing the "enlightened and regular practitioners of obstetric science," the worthy Chairman made some very humorous and pointed allusions to the base vituperations which lately have been uttered against the male practitioners of midwifery.

The "Medico-Chirurgical Society" was next given, and this called up Mr. Travers as President of that body. In the course of his speech, Mr. Travers remarked on "the *tumultuous state of the press*," which, he said, "*assumed liberties never before known in our profession.*" Further, he observed, that "*extraordinary* and *unexpected* verdicts" were now obtained in courts of law, given by juries who "have no precise or accurate information on professional details." All these things, he considered, called for unanimity amongst professional men—demanded, that they should be true to each other.

In the course of the evening, the Chairman gave the "medical press" as a toast, and passed a high and splendid eulogium on this mighty moral engine; he spoke of the utility resulting from the publication of reports of the Society's proceedings; arguing, that by such means, a due portion of celebrity is given to those deserving it—that it fosters, on the one hand, unassuming talent, whilst, on the other hand, it represses the mere pretender to knowledge, knowing of no aristocracy, but the aristocracy of talent.

The healths of the various officers were given, and the company did not break up until a very late hour.

March 10, 1828.

DISCUSSION ON FRACTURES OF THE THIGH.

The Minutes having been read, a vote of thanks was given to Dr. Burne, for the oration delivered at the anniversary meeting; this gentleman subsequently returned thanks, and Dr. Clutterbuck also acknowledged the gift of the Society's medal. The President then informed Mr. Amesbury, that he was entitled to reply to some observations which fell from Mr. Callaway, at the last ordinary meeting of the Society.

Mr. Amesbury remarked, that Mr. Callaway had borne testimony to the ingenious construction of the apparatus employed by him, and had confessed to his having witnessed its beneficial effects in many instances, where common means had failed; yet, singularly enough, Mr. Callaway had stated, that there was no necessity for employing it generally. Mr. Amesbury considered this mode of reasoning to be fallacious, and contended, that if the principle were admitted, then modern physicians are highly culpable for following the present plans of treatment in many diseases; as, for instance, in cases of ague, bark and quinine should not be employed generally, according to Mr. Callaway's reasoning, although singularly efficacious, but should only be used in rare cases, and after other plans of treatment had failed. Mr. Amesbury also adduced, by way of illustration, the present mode of healing stumps by adhesion, in contrast with the ancient practice of healing by granulation. He said, that whilst he regarded the human body as a machine, governed by the peculiar laws of vitality, still he considered it as subject to the laws of mechanics; and although, in the treatment of fractures, the surgeon must consider the body in this double point of view, yet, to the latter, namely, the mechanical, he wished especially to draw the attention of the Society. The mechanical management of fractures of the middle and lower third of the thigh, he thought totally inadequate to fulfil the proper indications; and he wished the Society first to argue upon the principles necessary to be held in view in treating these accidents, and next to consider whether the means ordinarily employed, did really effect the professed objects. If the members of the Society agreed with him, that the principles which he had enumerated on a former evening were correct, he, Mr. Amesbury, thought it was incumbent on them to show, that the modes of treatment usually followed, were adequate to obtain success.

Mr. Lloyd thought the analogy, in respect to treating ague, did not hold good. Physicians had recourse to the new methods, because the results of the old plan were bad; and this was the case, also, with the healing of stumps; but thus much had not been proved as regards Mr. Amesbury's apparatus, and the means commonly employed. He admitted, however, that he was not present at the description of Mr. Amesbury's apparatus, *nor did he understand its construction*!

After some further remarks from Mr. Amesbury, in the course of which he observed, that even the simplest fracture of the thigh is not *safely* treated with any of the common means, Mr. Lambert called the attention of the Society to the principles which Mr. Amesbury had laid down as applicable to the treatment of fractures of the thigh, and he begged that they might again be read. The registrar then briefly enumerated them from the minutes: they were, 1st, To prevent motion of the fractured ends when an impetus is given to the limb, either above or below the fracture; 2dly, To keep up extension in a line with the bone, the limb being at the same time fixed in a bent position; 3d, To prevent eversion or inversion of the foot; 4th, To maintain the limb of its proper form, as well as of its proper length.

Mr. Lloyd admitted such were the indications necessary to be fulfilled, and that they were effected by the ordinary method. He had followed the plan recommended by Pott with great success; but in order to prevent the patient from turning round upon his back, he usually tied the opposite hand and leg to the bed. In answer to a question, whether the first indication mentioned by Mr. Amesbury was accomplished, Mr. Lloyd said, that *he* did not believe there was *any* mechanical contrivance by which the ends of the bone could be held together, if the lower part of the limb is moved round, or the body turned.

Mr. Amesbury commented upon the tiresome plan of keeping the patient tied down in one position. With this apparatus, he usually placed the person on his back;

but relief could be afforded by turning the limb upon the side; the trunk being of course moved at the same time.

The PRESIDENT fully concurred with Mr. Amesbury, in respect to the consequences resulting from Mr. Pott's plan of treatment. He (Dr. Haslam) was dresser under Mr. Pott, for nearly two years, and by his desire had the particular management of many fractures: he gave much attention to their management, yet he did not recollect a single case in which eversion of the foot did not occur. He knew his patients, after they had left the Hospital, as well by their gait as by looking in their faces; but he was happy to find that such improvement had taken place at St. Bartholomew's Hospital, that these accidents were now treated without any deformity occurring.

Mr. SHEARLEY thought that the old plan of treatment was on the point of being "scouted:" he had seen Mr. Pott's plan of treatment extensively tried, and had observed that eversion of the foot was almost a constant result.

There was some further desultory conversation, in which Mr. Lloyd pertinaciously maintained that *he* had *invariably* treated fractures of the thigh, without deformity, by placing the limb on the outer side, in a flexed state, and applying short splints; whilst it was admitted by other members that, in their hands, the same means were not attended with the like *extraordinary* and *never-failing* success. The society then adjourned.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 8, 1828.

Mr. ARNOTT in the Chair.

DR. COPLAND introduced the treatment of fever, by dividing the disease, 1st, The stage of the application of the cause; 2d, The stage of invasion; 3d, The stage of open violence. For the first stage, (which, by the way, is no stage at all,) he could not well suggest any treatment; for the *second*, or *first* appearance of symptoms, he considered emetics as generally efficacious; for the nervous symptoms of the third stage, baths, blisters, embrocations; for collapse and stupor, wine, æther, ammonia, and stimulants generally.

Dr. LEY, with that eloquence for which he is so remarkable, combated all these positions *seriatim*. According to this gentleman, fever cannot be prevented nor cut short by emetics, or any other remedies, after it has appeared; and as to stimulants in the last stage of collapse, they are equivalent to *extreme unction*.

Dr. BARRY remarked, that we had examples of the two extremes of treatment in Drs. Ley and Copland. The one might be styled polypharmac, the other apharmac. If the physicians were only to sit down and look on, the nurse would keep watch just as well.

Dr. LEY rose indignantly to assert, that he would treat symptoms as they arose.

Dr. BARRY replied, that as every disease was composed of symptoms, Dr. Ley, after all, would act like other people.

Dr. JAMES JOHNSTONE remarked, that the treating of symptoms would not always answer; and that it is at best a mode of proceeding liable to most important objections, as in the diseases originating from malaria.

Dr. LEY explained again, that he had not contemplated these affections, and called upon Dr. Copland to state, upon what *principle* he administered turpentine in puerperal fever?

Dr. COPLAND considered this a matter of *too much importance to be lightly entered on*. It came out, however, in the course of a tedious dialogue, transmitted through the President by these two gentlemen, that the oil of turpentine, in half-ounce doses, is a most excellent medicine in tympanitic distension of the bowels. To this Dr. Ley limited its utility.

A Gentleman, whose name we could not learn, stated, in support of Dr. Ley's experience, that he had administered turpentine to a patient, labouring under a most enormous tympanitic distention of belly, which was reduced by this medicine to its natural volume; but that immediately after this desirable event was brought about, his man died.

It was announced from the Chair, that Mr. Hawkins had undertaken to bring forward, at the next meeting of the Society, the diagnosis of hernia.

ROYAL INFIRMARY, EDINBURGH.

MOLLUSCUM PENDULUM.

E. HAY, a woman of forty, was the subject of this rare affection, which, though properly giving its name to the whole, formed the least important feature of the case. On different parts of the body, but particularly on the face and head, there were several small tumours of a doughy consistence, the natural colour of the skin, and varying in size from a mere elevation of the cuticle to the bulk and shape of the tip of a finger. The vertex of the head was occupied by a large tumour of the same character, but of the size of a large orange; unequal surface; ulceration at its apex, base, and

various points of its circumference; and discharging a fœtid, sanio-purulent matter, extremely offensive. The disease commenced in infancy, but gave her little uneasiness until lately, when the tumour described increased rapidly, rendering her loathsome to herself and others. On the 14th of January she was brought into the theatre, and Dr. Hunter extirpated the large tumour, down to the pericranium, the disease having become adherent to the tendon of the occipito-frontal muscle. On being removed, it was found to consist partly of a sponge-like substance, filled with a mixture of sanies, pus, and atheromatous matter; and on one side, towards its base, of a fibro-cartilaginous structure. Some of the "authorities" saw in these appearances the structure of genuine carcinoma; but they scarcely differed in any respect from those which characterise the contents of atheromatous tumours in general. The wound, however, healed without any untoward symptoms supervening on the operation, and the woman was discharged in good health on the 29th January, since which time she has attended as an out-patient, and the ulcer is now reduced to the size of a shilling, and is of a healthy character.

TRAUMATIC DELIRIUM TREMENS.

Of several cases of this disease presented during this session, two of which lately proved fatal, I shall select the particulars of one of them, as being the shortest and most characteristic of this affection.

John Smilie, aged 44, an ostler, addicted to the use of spirits, was admitted under the care of Dr. Ballingall, on the 18th of January. Around the ancle-joint, and outside of the leg, there was a considerable tumefaction, a slight abrasion of the cuticle, some vesications, and a depression of the fibula, with crepitus one-third of its length above its articulation with the tibia. The case was mistaken for, and treated as, a sprain or contusion, by Dr. Ballingall, until the fracture was detected by the attentive and intelligent house surgeon, Dr. Lubbock. The mistake may, probably, be owing to the manner in which the accident was stated to have occurred, the man having merely fallen on the edge of a pavement, with the leg turning under him.

On admission, the pulse was natural; the tongue but slightly furred, and the bowels constipated. Forty leeches were applied to the leg; castor oil given, which relieved the inflammation; and, on the 23d, a small ulcer only remained at the point where the cuticle had been removed. During this interval the pulse ranged between 80 and 90; the tongue became somewhat more furred; the disposition to costiveness remained; and, on the night of the 24, he became violently delirious, talked incessantly of his private affairs; imagined there were several persons in the room with him; and was affected with agitation of the hands peculiar to this disease. On the accession of the delirium, the pulse was nearly natural, and the skin cool; two grains of opium were ordered to be taken every second hour. Towards morning he slept for half an hour; the countenance on the 24th, was pallid; the pulse, 116; the tongue more furred; and bowels had been opened twice. On the 25th, he was reported to have slept at short intervals in the night; the pulse was 104; the tongue dry, with much thirst and perspiration; the bowels unopened. He continued to take the prescribed quantity of opium; and castor oil was ordered to be taken immediately. The day following, the 26th, he is stated to have slept none during the night, but to be less restless; and, at the visit, he answered questions rationally. He took the same quantity of opium until this morning, when he had six grains for one dose. The pulse was 104; the tongue dry, dark, and furred; the gums covered with sordes; and bowels had been opened once. The opium and a purging enema were ordered. Towards evening, he became comatose; was affected with difficulty of breathing, attended with the mucous rattle; the muscles of the face and upper extremities were convulsed; and though the pulse at this time was but 100, and of good strength, he died at half-past two on the following morning, after sinapisms had been applied to the feet and a blister to the head, under use of which he rallied but for a short time.

The disease is extremely common in Edinburgh, where, notwithstanding our "intense morality," the watch-houses are regularly supplied with stomach pumps for relieving the mechanic of his Saturday-night's debauch; and to which medical students not unfrequently resort to see "Jukes," or "Reid," in full operation.

FUNGOID HÆMATODES OF THE EYE.

R. Amos, aged 50, was admitted into the hospital under the care of Dr. Ballingall, on the 29th of January, for a large tumour projecting from, and entirely filling up the right orbit. It was partly soft, elastic, moveable to a certain extent, and of the size and shape of a small lemon. It was covered, for the greater part of the surface, by the distended palpebræ, which had assumed a dusky livid colour; and towards its apex, by the conjunctiva, which had degenerated into a fleshy, granulated, varicose membrane. In the centre of this mass, and

apparently occupying the site of the cornea, in the healthy state of the organ, there was a blackish, sloughy, bleeding fungus, through which a probe might be passed back for more than two inches into the orbit. On the face and forehead there were a few small tumours, but the man's general health was unimpaired.

Ten years ago, the affected eye was injured by a thorn striking against it; and, in two years from the receipt of this injury, the sight was completely destroyed. Six years subsequently to the latter period, the eye began to assume its present appearance; but within the last eighteen months, the disease has increased rapidly, accompanied by lancinating pains, and slight occasional hæmorrhages from the fungous portion. Of the particular part of the eye in which the affection commenced, or its appearances during its progress, he was unable to give any satisfactory account.

On Monday, the 4th of February, the whole of the tumour was removed from the socket by Dr. Ballingall; a smart hæmorrhage followed its removal, but ceased spontaneously; it was found strongly adherent to the inner edge of the external canthus, where it had produced a slight caries of the bone, which was carefully scraped out with a scalpel. The tumour was found to consist of a dark brown pigmentous mass, of various degrees of consistence, but in which no traces of the original structure of the organ could be discovered. The operation was followed by scarcely any constitutional disturbance; and the patient went on well, the wound suppurating kindly to the 15th, when, as he stated, after having drank too freely of cold water, he had shivering in the night, which was followed by the endemic of the Royal Infirmary, erysipelas of the face, which yielded, however, in a few days, to the usual remedies. Since that time, he continues in good health; the internal surface of the orbit is covered by smooth, pale, granulations, resembling those of a fistulous ulcer, and he entertains the most sanguine hopes of a complete recovery, of which, at present, there is certainly every prospect. The almost invariable recurrence of the disease, however, after extirpation, must limit, even in the present case, anticipation of entire success; but should it prove another exception to the general rule, its record may be useful, as showing that the disease, in its worst form, may be sometimes removed by operation; for, besides the evidence of its real nature, afforded by its external character and history, Mr. Wishart, who was present at the operation, and than whom there are few better qualified to decide in complaints of this description, consented, we believe, to its baptism, as an instance of genuine fungus hæmatodes.

MELANOSIS OF THE LOWER EYELID.

Colin Wilson, aged 17, the subject of the following case, was admitted on the 28th of January, under the care of Dr. Hunter. On a superficial view of the left eye, the only morbid appearances observable, were a preternatural protrusion of the eyeball from the orbit, preventing the approximation of the lids, and a slight eversion of the lower palpebra from tension, with a slight turbid yellow tint on the skin of the same part. Examined with the fingers, an immoveable tumour, of a soft pulpy consistence, might distinctly felt between the globe and the floor of the orbit. The sight of the affected eye was considerably impaired, but he could still read large print; and, with the exception of the uneasy sensation of tension produced by the tumour, he complained of no pain. His health, which he states was always good, was, on his admission, quite unaffected.

He stated, that about eight months ago he received a blow on the eye, which gave him, at the time, extreme pain; and that three weeks after, he felt the present tumour commencing in the orbit, which has since gradually increased in size. Blisters and leeches had been applied to the part, and a lancet puncture made in the lower eyelid, which was followed each time by about half an ounce of blood, but without any advantage.

On the 31st of January, Dr. Hunter attempted to remove the tumour, by cutting down on it through the conjunctival side of the lower palpebra; but though contained in a cyst, its deep attachments in the orbit, prevented its being dissected out entire; and its contents were, consequently, groped out in separate masses resembling clots of blood nearly as black as ink, and evidently of a melanotic character.

The operation was succeeded by fever, inflammation of the palpebræ and conjunctiva, which were partially removed on the 5th February by the usual means. On the 7th, the inflammation of the conjunctiva was much increased, and ulceration of the cornea had commenced, for which a collyrium of the sulphate of copper, antimonial wine, and subsequently a solution of the nitrate of silver, were successively ordered. By the 10th, the ulceration had penetrated the cornea; a minute portion of the iris protruded; the anterior chamber was almost obliterated; and an extensive ecchymosis of the conjunctiva had taken place. The former collyria were again applied, and with some slight amendment, until the 14th, when the inflammation, internal and external, had again returned with increased severity; and

a second prolapsus of the iris, with a contraction of the pupil, had taken place. The collyria were omitted; anodyne fomentations ordered; three grains of calomel to be taken in the course of the day; a solution of sulphate of magnesia, with tartrate of antimony, in the morning; and blisters to be applied behind the ear. On the 15th he was attacked with erysipelas of the face, for which he was bled to deliquium, had the purging mixture repeated, and the anodyne fomentations applied over the face and eye. Under the use of purgatives, nauseating doses of tartrate of antimony, and the lancet, the erysipelas had been almost entirely removed on the 21st; but, during this time, the ulceration of the cornea had been extending, the pupil contracting, and the iris forming an adhesion at its lower edge to the cornea. Since then the ulcers have been repeatedly touched with the lunar caustic, belladonna applied internally and externally, to the eye, and collyria of the sulphate of copper and nitrate of silver alternately applied, as the case seemed to require, At the date of writing, the pupil continues much contracted; the ulceration appears arrested in its progress; the inflammation of the conjunctiva is subdued; his health is much improved, but the vision of the eye is all but lost, and whether the disease for which he was subjected to an operation shall return, rests with time to develop. SCOTUS.

LONDON AND SOUTHWARK MIDWIFERY INSTITUTION.

THE friends of this institution dined together on Wednesday last at the Crown Tavern, Clerkenwell, Alderman Thompson, M. P. in the chair. This charity, which is now for the first time brought before the notice of the public, we believe owes its origin to Mr. Waller, and has hitherto been supported chiefly by his active exertions, aided by the benevolence of a few individuals. The professed object of the institution is, that of affording medical assistance to poor women at their own houses, during their confinement in child-bed; and so numerous have the applications become, that it was found impossible to meet them, without an appeal to the public. The consulting surgeon-accoucheurs, are Messrs. Waller and Doubleday; and the physicians, Drs. Overend and Roberts. There appears to be a very warm interest excited in favour of this Institution, especially amongst the inhabitants of Clerkenwell; and, if it should only succeed in rescuing the poor parturient female from the hands of ignorant old women, a most important and benevolent object will be obtained.

ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—The subject of aneurism, has been so frequently discussed of late, that I fear it will be deemed tiresome, now, either to speak or write concerning it. However, as the following case affords me an opportunity of entering fully into the consideration of the merits of an operation which, I venture to say, is not duly appreciated, I am induced to think the subject matter, which I am about to submit, not wholly uninteresting.

I am, Sir,
Your obedient servant,
JAMES LAMBERT.

Walworth, March 10.

ANEURISM OF THE ARTERIA INNOMINATA.

Observations on the propriety of applying a Ligature to the Right Carotid and Subclavian Arteries, in such Cases.

CASE.—W. A., a sailor, of dark complexion, muscular, and about forty years of age, was admitted, on the 21st of February, into Henry's Ward, under the care of Mr. Travers.

On the 23d, two days after admission, the following notes were taken: the man's general appearance is healthy; and, according to his own account, he has never suffered from serious indisposition: he has been a resident in warm climates, and his occupation, until lately, of a laborious description. About five months ago, whilst at sea, he experienced pain in the right arm and shoulder, and he was not able to pursue his ordinary employment, with his accustomed vigour; when, on his return home, he fell from a considerable height, alighting upon his feet; he was, in consequence, much shaken, but was not conscious of anything further, than the mere temporary shock. He remained in the same condition, feeling pain occasionally, until about two months prior to admission, when he began to be affected with severe pains about the clavicle and shoulder, and also extending down the arm: he attributed them to rheumatism, and was rubbing the parts when he accidentally discovered a swelling at the sternal end of the clavicle, which, up to the present period, has gradually increased in size.

There is now a firm pulsating tumour, oval shaped, and of about the size of a pullet's egg; the sternal extremity of the clavicle, apparently lies directly over the

centre of the swelling; it is found, however, on handling the part, that pulsation is only to be felt above the bone; the clavicle is partly dislocated. The pulsation in the tumour is visible; it is synchronous with the heart's beat, and with the various pulses of the body, as the carotid of each side, the radial, and others. The pulsations are all remarkably feeble.

Upon applying the ear to the swelling, the impulse of the blood simply, is heard at each pulsation; there is no preternatural sound at any part of the chest, and the action of the heart, as far as can be ascertained, is natural. When questioned, as to whether he was willing to undergo any measures that might be considered necessary, there was immediately a quickened and somewhat agitated motion of the heart, but the man remarked that he was "flurried.' Firm pressure on the carotid artery, occasions a slight diminution in the size of the swelling, as well as in the strength of its pulsation, and under compression of the right carotid and subclavian simultaneously, the effect upon the size and pulsation is very manifest. There is a slight increased redness of the integuments covering the tumour, which, in itself, is moderately firm, but readily compressible. The man has no difficulty of breathing; but, upon taking much exertion, he experiences great uneasiness at the part; his general appearance, as before remarked, is healthy; the countenance is free from anxiety, and devoid of livor.

Mr. Travers having expressed his opinion of the impropriety of any surgical interference with the disease, and simply recommending quietude, the man left the hospital about a week after admission, expressing his intention of returning, if he should find the disease become aggravated.

Remarks.—The nature of the case I have related is, I believe, so decided, that no difference of opinion can exist on the subject, it clearly being a case of aneurism of the arteria innominata; that the disease is confined to the latter vessel, and does not emanate from the arch of the aorta, is fairly to be inferred from the absence of all preternatural sound in the chest, as well as from the want of various symptoms attendant upon the latter affection, when so far advanced as to present a large tumour externally.* It is scarcely worth while to inquire, whether the disease in question results from an universal dilatation of the coats of the artery, or whether a rupture has taken place. I do not know of any distinctive characters by which we can ascertain when an aneurism ceases to be one from dilatation. Nor is the question of any practical importance; for, as I have before had occasion to argue, *all* the aneurisms of large vessels are, in the first instance, what are termed aneurisms by dilatation, and this owing to the comparatively greater portion of elasticity in their coats; so that, in fact, the "dilatation" is the incipient stage of aneurism in large vessels, and whenever this general yielding of the coats has taken place, strongly indicative of their morbid and weakened condition, we may expect, and do find, that as they are exposed to the same impulse of blood, the disease will be increased, and rupture ultimately ensue. I have dwelt to on this point, because there appears be a vague opinion afloat, that an "aneurism by dilatation," is a distinct kind of disease, under no circumstances requiring an operation. But even Scarpa, who has been most explicit on the subject, and anxious to uphold a distinction between the dilatation of an artery, and aneurism, informs us, that in the former affection, death ensues from rupture of the diseased vessel. If such be the end, it surely is idle and foreign to the subject to dispute, whether a yielding of all the coats of an artery should or should not be considered an aneurism. If an operation be applicable in one case, undoubtedly it is in the other, seeing that the termination otherwise is the same in both—fatal.

In the case under consideration, which has been abandoned as hopeless, I conceive the measure of tying the carotid artery, and subsequently the subclavian (if necessary,) should be had recourse to. It is scarcely requisite here to go over the ground again, in respect to the principle of tying an artery beyond the aneurismal tumour; it is the same as in the ordinary method of applying a ligature between the heart and tumour. It has for some time been acknowledged that a diminution simply, of the impulse of blood entering an aneurism, is sufficient, in many instances, for the purposes of cure; but it was supposed that this principle was not applicable to the cases in which the artery was tied on the distal side of the aneurism. Hence Mr. Wardrop, who has the merit of reviving the latter method of operating, observes, in the detail of his first case, that if a distinct branch arise from the sac, or between it and the part where the main trunk is tied, then it may be necessary to secure the branch separately. However, in the case of aneurism of the lower part of the carotid artery, treated by

* Mr. A. Burns and Sir A. Cooper speak of aneurism of the aorta projecting at the root of the neck, and resembling aneurism of the root of the carotid artery; but these gentlemen tell us nothing of the phenomena of auscultation in such cases.

tying the vessel above the tumour, which I published nearly twelve months since, I adduced some arguments on the propriety of applying a ligature to the carotid artery, in cases of aneurism of the arteria innominata. I remarked, that the impetus of the blood would be diminished at the upper part of the sac, the course in which the disease was extending; that a deposition of coagulum would ensue, and that we should "build up the sac" at the point where disease was progressing. The dissection of this case, which proved fatal from ulceration of the artery at the seat of ligature, and hæmorrhage by reflux, afforded me an opportunity of confirming the truth of my reasoning, for I found that the curative process had fairly gone on in a tumour situated at the base of the carotid artery, and consequently subjected to a constantly strong impetus of blood. In fact, the post-mortem inspection of this case, fully established in my mind the important point, that it is sufficient for the cure of an aneurism, merely to lessen the impulse of blood, whether the ligature be applied to the distal or cardiac side of the tumour; Mr. Wardrop's opinion, therefore, appeared to me to be untenable. It is but right to mention, however, that this gentleman has subsequently taken a similar view of the subject with myself.

I may observe that, at the same time I proposed tying the carotid in cases of aneurism of the innominata, I was fully aware that instances of this disease are sometimes met with, in which a closure of the carotid has taken place spontaneously, and yet the tumour has not entirely consolidated, still I considered, that by taking away nearly half the circulation of the innominata, the coagulating process would, in a majority of cases, go on in the upper part of the sac. If the event which I anticipated, namely, the complete consolidation of the tumour, had not taken place, in my case, after tying the carotid artery, I had fully resolved on applying a ligature to the subclavian where issuing from between the scaleni muscles, by which means I calculated that I should reduce the quantity of blood circulating through the innominata, to the portion which must necessarily pass to the branches arising from the subclavian, on the cardiac side of the ligature. There was a patient in Guy's Hospital, under the care of Mr. Key, in May, 1826, affected with aneurism of the innominata, as was proved by subsequent dissection; and, in this instance, I ventured to recommend tying the right carotid and subclavian arteries. The case is reported at page 283, in the tenth volume of THE LANCET. The tumour was formed by a dilatation of all the coats of the artery, and death was apparently induced by suffocation, although the swelling had not attained a great size.

The patient lately under the care of Mr. Travers, I consider is in every respect a fit subject for the operation; he has no disease of the heart or of the aorta; his general health is good, and he is not far advanced in life. One thing is certain, that he is affected with a disease which will inevitably prove fatal unless some active means be used to arrest its progress; are we then justified in considering such a case utterly hopeless? The proposed operation certainly is novel, and barring a solitary instance in which I do not think it was admissible, is untried; it is not, however, a blind experiment, but as I have endeavoured to show, is founded upon an admitted principle in the pathology of aneurism; namely, that a mere *diminution* of the impetus of the blood entering an aneurism is sufficient for the cure. Of the precise quantity of motion under which the coagulating process will go on, in the aneurismal sac, we are not aware; we are only acquainted with the fact generally. But, if it be argued that after the application of a ligature to the right carotid and subclavian arteries, the circulation would go on through the innominata, in order to supply the vertebral and other branches on the cardiac side of the ligature, and that the curative process would thus be interrupted; even admitting, I say, that such would be the case, (but this we yet have to learn,) then I would recommend applying the ligature to the subclavian, on the tracheal side of the scaleni. The arteria innominata would then be placed precisely in the same condition as the lower part of the carotid artery, when a ligature is placed beyond a tumour situated at the base of that vessel; and if the regular curative process, as was fully shown by my case, takes place in one instance so near to the centre of circulation, it would, *cæteris paribus*, occur in the other. It must, however, be acknowledged that the operation of tying the subclavian artery, before it reaches the scaleni, is especially hazardous, from the circumstance of its being closely surrounded by so many important parts; but, I am of opinion, that securing this vessel in the ordinary situation will be found fully adequate to the purpose mentioned. *Ad extremos morbos, extrema remedia*, is a maxim in surgery applicable now as at the time it was delivered; and surely it is better that we employ an extreme remedy, or even a doubtful remedy, than that we should abandon patients to inevitable death.